

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****04/19****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....

\$11,562,729.00

**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....

\$101,031,166.72

**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....

\$112,593,895.72

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$29,880,585.56

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$87,682.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+

\$83,207,300.93

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$113,175,568.49

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property****04/19**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: CASH AND CASH EQUIVALENTS****1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. CASH ON HAND**

2.1. PETTY CASH \$300.00

**3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS  
(IDENTIFY ALL)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. M&T BANK	DEPOSITORY	4884	\$561,819.53
3.2. M&T BANK	DISBURSEMENT	6820	\$0.00
3.3. M&T BANK	OPERATING	5254	\$3,701,139.87
3.4. M&T BANK	PAYROLL	2293	\$2,074,574.59

**4. OTHER CASH EQUIVALENTS****NONE****5 Total of Part 1.**

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

**\$6,337,833.99****Part 2: DEPOSITS AND PREPAYMENTS****6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest****7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

**NONE**

(Name)

Current value of  
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	ACOM SOLUTIONS - PREPAID ELECTRONIC FAX, EMAIL STATEMENTS	\$3,493.29
8.2.	ALLEGAERT BERGER & VOGEL - PREPAID RETAINER	\$50,000.00
8.3.	ARCH SPECIALTY INS. CO. - PREPAID EXCESS FLOOD INSURANCE	\$9,112.90
8.4.	ATTORNEYS -SHERIN AND LODGEN - PREPAID RETAINER	\$17,145.25
8.5.	AXIS SURPLUS INS. CO. - PREPAID EXCESS FLOOD INSURANCE	\$9,112.90
8.6.	AXWAY, INC. - PREPAID CSOS MAINTENANCE	\$4,812.78
8.7.	BOND, SCHOENECK & KING - PREPAID RETAINER	\$302,008.05
8.8.	CLEO - PREPAID EDI TRANSMISSIONS TO VENDORS SOFTWARE MAINTENANCE	\$8,147.21
8.9.	CONNECT SUPPORT PROGRAMING - PREPAID RDC CONNECT SUPPORT PROGRAMMING	\$10,548.00
8.10.	COPIERFAX BUSINESS SOLUTIONS - PREPAID COPIER SUPPORT	\$0.00
8.11.	EPIQ - PREPAID RETAINER	\$25,000.00
8.12.	EVEREST INDEMNITY INS. CO. - PREPAID GENERAL PRODUCT LIABILITY INSURANCE	\$0.00
8.13.	FAYE BUSINESS SYSTEMS - PREPAID CUSTOMER SERVICE MGMT & SYSTEM MAINTENANCE	\$1,761.29
8.14.	GATES CHILI SCHOOL - PREPAID REAL ESTATE TAXES	\$28,943.80
8.15.	GREAT NORTHERN INSURANCE COMPANY - PREPAID PROPERTY INSURANCE	\$53,719.65
8.16.	HAMACHER RESOURCE GROUP - PREPAID UPC DATABASE FOR RDC INVENTORY ANALYSIS & PRODUCT IMAGE LICENSE	\$18,118.60
8.17.	HARTER SECREST EMERY - PREPAID LEGAL	\$105,000.00
8.18.	HURON CONSULTING SERVICES, LLC - PREPAID RETAINER	\$73,000.00
8.19.	IRONSHORE - PREPAID EXCESS PRODUCT LIABILITY INSURANCE	\$56,803.76
8.20.	LIAISON TECHNOLOGIES, INC - PREPAID CSOS MAINTENANCE	\$2,040.89
8.21.	LLOYD'S OF LONDON - PREPAID CARGO & MARINE CARGO INSURANCE	\$83,534.95
8.22.	LUCAS SYSTEMS, INC. - PREPAID VOICE SOFTWARE/HARDWARE MAINTENANCE	\$16,303.33
8.23.	MANHATTAN ASSOCIATES - PREPAID SUPPORT + ELECT, DELIVERY	\$71,459.82
8.24.	NATIONAL TECHNICAL INFORMATION SERVICE - PREPAID DEA CSA DATA DAILY TRANSFER	\$7,608.33
8.25.	ORACLE AMERICA, INC - PREPAID PERPETUAL INVENTORY SOFTWARE LICENSE	\$11,615.10
8.26.	PROFOUND LOGIC - PREPAID ACCOUNTS PAYABLE POSTING SUPPORT	\$4,999.06
8.27.	ROGUEWAVE SEND TECHNOLOGIES - PREPAID SERVER MAINTENANCE	\$1,610.20
8.28.	RSUI INDEMNITY COMPANY - PREPAID EXCESS FLOOD INSURANCE	\$48,104.74
8.29.	SCHAEFER SYSTEMS INTERNATIONAL - PREPAID WAREHOUSE AUTOMATION PREVENTIVE MAINTENANCE	\$8,179.74
8.30.	SCHAEFER SYSTEMS INTERNATIONAL - PREPAID WAREHOUSE AUTOMATION SERVICE	\$31,181.84
8.31.	SCOTTSDALE INSURANCE COMPANY - PREPAID EXCESS FLOOD INSURANCE	\$7,594.09
8.32.	SYSTEMS MANAGEMENT PLANNING - PREPAID SYSTEMS MANAGEMENT PLANNING	\$44,603.70
8.33.	THE HARTFORD, INC - PREPAID AUTOMOBILE INSURANCE	\$21,979.72
8.34.	THE HARTFORD, INC - PREPAID GENERAL LIABILITY INSURANCE	\$16,566.04
8.35.	THE HARTFORD, INC - PREPAID UMBRELLA INSURANCE	\$9,546.37
8.36.	THE HARTFORD, INC - PREPAID WORKERS COMPENSATION INSURANCE	\$42,111.94
8.37.	TOWN OF CHILI - PREPAID REAL ESTATE TAXES	\$36,798.70
8.38.	TOWNSHIP OF FAIRFIELD - PREPAID REAL ESTATE TAXES	\$9,613.87
8.39.	TRACELINK - PREPAID MASTER DATA SHARING FOR SERIALIZATION	\$44,284.58
8.40.	TXMQ, INC - PREPAID HARD DRIVE RETENTION	\$14,776.86
8.41.	VELOCITY RISK UNDERWRITERS - PREPAID EXCESS FLOOD INSURANCE	\$19,820.56
8.42.	VISION SOLUTIONS - PREPAID DISASTER RECOVERY	\$3,624.58
8.43.	WOLTERS KLUWER HEALTH, INC. - PREPAID NDC DATABASE	\$8,032.64

**9 Total of Part 2.**

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$1,342,719.15

**Part 3: ACCOUNTS RECEIVABLE****10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of  
debtor's interest

11. ACCOUNTS RECEIVABLE

CUSTOMER/VENDOR RECEIVABLE

\$63,808,087.03

face amount

-

\$11,908,482.00

doubtful or uncollectable accounts

=

→

\$51,899,605.03

12 Total of Part 3.

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$51,899,605.03

Part 4: INVESTMENTS

13. DOES THE DEBTOR OWN ANY INVESTMENTS?

☐ No. Go to Part 5.
 ☒ Yes. Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest
14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1		
NAME OF FUND OR STOCK:		
NONE		
15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE		
Name of entity	% of ownership	
15.1. OPTISOURCE, LLC	9.00%	UNKNOWN
15.2. SOURCE ONE SERVICES, INC.	100.00%	UNKNOWN
15.3. WHOLESALE ALLIANCE, LLC	16.99%	UNKNOWN
16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1		
DESCRIBE:		
NONE		
17 Total of Part 4.		UNKNOWN
ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.		

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS

18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?

☐ No. Go to Part 6.
 ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. RAW MATERIALS				
NONE				
20. WORK IN PROGRESS				
NONE				
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE				
21.1. MERCHANDISE FOR SALE		\$17,709,531.36	ACQUISITION COST	\$14,285,728.98
22. OTHER INVENTORY OR SUPPLIES				
NONE				
23 Total of Part 5.				\$14,285,728.98
ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				

(Name)

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☒ Yes Book value \$179,001.38 Valuation method ACQUISITION COST Current value \$179,001.38

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)****27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. CROPS—EITHER PLANTED OR HARVESTED****29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH** *EXAMPLES:*  
LIVESTOCK, POULTRY, FARM-RAISED FISH**30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES)** (OTHER THAN TITLED MOTOR VEHICLES)**31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED****32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6****33. Total of Part 6.**

ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.

NOT APPLICABLE

**34. Is the debtor a member of an agricultural cooperative?**

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☒ No  
☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES****38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**39. OFFICE FURNITURE**

39.1. BUILDING OFFICE AND WAREHOUSE FURNITURE	\$88,715.00	BOOK VALUE	\$88,715.00
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**40. OFFICE FIXTURES**

40.1. BUILDING AND OFFICE FIXTURES	\$41,289.00	BOOK VALUE	\$41,289.00
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(Name)

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE</b>			
41.1. OFFICE EQUIPMENT, INCLUDING COMPUTERS, SERVERS, PRINTERS	\$622,813.00	BOOK VALUE	\$622,813.00
<b>42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES</b> <b>EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES</b>			
<b>NONE</b>			
<b>43 Total of Part 7.</b> ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$752,817.00
<b>44. Is a depreciation schedule available for any of the property listed in Part 7?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<b>45. Has any of the property listed in Part 7 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 8: MACHINERY, EQUIPMENT, AND VEHICLES****46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES</b>			
47.1. 2012 GMC SAVANA, VIN# 1GTW7GCG4C1173400	\$0.00	KELLY BLUE BOOK	\$8,500.00
47.2. 2015 TOYOTA CAMRY XLE, VIN# 4T1BF1FK5FU982384	\$0.00	KELLY BLUE BOOK	\$4,200.00
47.3. 2015 TOYOTA CAMRY, VIN# 4T1BF1FK3FU945334	\$0.00	KELLY BLUE BOOK	\$6,200.00
47.4. 2015 TOYOTA SIENNA LE, VIN# 5TDKK3DC4FS554866	\$0.00	KELLY BLUE BOOK	\$5,500.00
47.5. 2016 TOYOTA CAMRY, VIN# 4T1BF1FK6GU116842	\$0.00	KELLY BLUE BOOK	\$5,300.00
47.6. 2016 TOYOTA SIENNA LE, VIN# 5TDKK3DC5GS759257	\$0.00	KELLY BLUE BOOK	\$8,000.00
47.7. 2017 TOYOTA CAMRY, VIN# 4T1BF1FKXHU311747	\$0.00	KELLY BLUE BOOK	\$6,900.00
47.8. 2017 TOYOTA HIGHLANDER, VIN# 5TDDZRFH4HS371910	\$0.00	KELLY BLUE BOOK	\$23,600.00
47.9. 2017 TOYOTA RAV 4 HYBRID, VIN# JTMDJREV6HD098429	\$5,820.42	KELLY BLUE BOOK	\$19,300.00
47.10. 2017 TOYOTA RAV 4 LE, VIN# 2T3BFREV1HW684077	\$4,050.67	KELLY BLUE BOOK	\$10,800.00
47.11. 2017 TOYOTA SIENNA LE, VIN# 5TDKZ3DC4HS780047	\$0.00	KELLY BLUE BOOK	\$10,000.00
47.12. 2018 TOYOTA CAMRY XSE, VIN# 4T1B61HK9JU003973	\$5,006.83	KELLY BLUE BOOK	\$17,800.00
47.13. 2018 TOYOTA RAV 4, VIN# JTMRREV4JD228057	\$4,639.50	KELLY BLUE BOOK	\$12,700.00
47.14. 2018 TOYOTA RAV 4, VIN# JTMBFREV0JJ742071	\$12,553.50	KELLY BLUE BOOK	\$15,000.00
47.15. 2018 TOYOTA RAV 4, VIN# JTMBFREV9JJ245648	\$12,770.00	KELLY BLUE BOOK	\$14,500.00
47.16. 2019 TOYOTA RAV 4 LE HYBRID, VIN# JTMMWRFV2KD036548	\$21,059.73	KELLY BLUE BOOK	\$20,000.00
47.17. 2019 TOYOTA RAV 4 LE, VIN# 2T3G1RFV1KW019240	\$14,045.64	KELLY BLUE BOOK	\$17,700.00
47.18. 2019 TOYOTA RAV 4 LE, VIN# 2T3G1RFV9KW019244	\$14,045.64	KELLY BLUE BOOK	\$16,500.00
47.19. 2019 TOYOTA RAV 4 XLE, VIN# JTMP1RFV4KJ005492	\$15,445.14	KELLY BLUE BOOK	\$19,000.00
47.20. 2019 TOYOTA RAV4 XLE PREM, VIN# JTMA1RFV0KD028742	\$29,094.17	KELLY BLUE BOOK	\$21,700.00

(Name)

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS</b> EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS			
NONE			
<b>49. AIRCRAFT AND ACCESSORIES</b>			
NONE			
<b>50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)</b>			
50.1. CONVEYOR SYSTEMS, ROBOTICS, RACKING, AUTOMATION SYSTEMS AND SOFTWARE	\$7,361,451.00	BOOK VALUE	\$7,361,451.00
<b>51 Total of Part 8.</b> ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			\$7,624,651.00
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<b>53. Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 9: REAL PROPERTY**

**54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?**  
☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

**55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 116 & 117 LEHIGH DR, FAIRFIELD, NJ, 07004 - DISTRIBUTION WAREHOUSE FOR OPERATIONS	REAL ESTATE	\$8,899,218.00	BOOK VALUE	\$8,899,218.00
55.2. 50 JETVIEW DR., ROCHESTER, NY, 14624 - HEADQUARTER WAREHOUSE AND MAIN OFFICE. MAIN LOCATION FOR OPERATIONS	REAL ESTATE	\$2,663,511.00	BOOK VALUE	\$2,663,511.00
<b>56 Total of Part 9.</b> ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.				\$11,562,729.00
<b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
<b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

**Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**

**59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**  
☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

(Name)

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS</b>			
<b>NONE</b>			
<b>61. INTERNET DOMAIN NAMES AND WEBSITES</b>			
61.1. HTTPS://RDC.RDCDRUG.CM - RDC CONNECT ORDERING WEBSITE	\$362,613.19	BOOK VALUE	\$362,613.19
<b>62. LICENSES, FRANCHISES, AND ROYALTIES</b>			
62.1. CONTROLLED DANGEROUS SUBSTANCES REGISTRATION - WHOLESALER/DISTRIBUTOR (10CW00052800)	UNKNOWN	N/A	UNKNOWN
62.2. CONTROLLED DANGEROUS SUBSTANCES REGISTRATION (296577)	UNKNOWN	N/A	UNKNOWN
62.3. CONTROLLED SUBSTANCE LICENSE (0200082)	UNKNOWN	N/A	UNKNOWN
62.4. CONTROLLED SUBSTANCE LICENSE (02A0903)	UNKNOWN	N/A	UNKNOWN
62.5. CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE (PR0003032)	UNKNOWN	N/A	UNKNOWN
62.6. CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE (RR0480676)	UNKNOWN	N/A	UNKNOWN
62.7. DISTRIBUTOR LICENSE (D06208)	UNKNOWN	N/A	UNKNOWN
62.8. DISTRIBUTOR/MANUFACTURER CSR CONTROLLED SUBSTANCE REGISTRATION (DM-0012272)	UNKNOWN	N/A	UNKNOWN
62.9. DRUG & DEVICE REGISTRATION - DISTRIBUTOR (PRESCRIPTION) (3000007884)	UNKNOWN	N/A	UNKNOWN
62.10. DRUG & DEVICE REGISTRATION - DISTRIBUTOR PRESCRIPTION (3000009333)	UNKNOWN	N/A	UNKNOWN
62.11. DRUG AND MEDICAL DEVICES CERTIFICATE OF REGISTRATION - WHOLESALER (5003213)	UNKNOWN	N/A	UNKNOWN
62.12. DRUG AND MEDICAL DEVICES CERTIFICATE OF REGISTRATION - WHOLESALER (5003213)	UNKNOWN	N/A	UNKNOWN
62.13. FDA ANNUAL REGISTRATION (009832023)	UNKNOWN	N/A	UNKNOWN
62.14. FDA ANNUAL REGISTRATION (079770144)	UNKNOWN	N/A	UNKNOWN
62.15. LICENSE TO DISTRIBUTE DANGEROUS DRUGS WHOLESALER CATEGORY 3 FS-FULL SERVICE	UNKNOWN	N/A	UNKNOWN
62.16. LICENSE TO DISTRIBUTE DANGEROUS DRUGS WHOLESALER CATEGORY 3 FS-FULL SERVICE (011593300)	UNKNOWN	N/A	UNKNOWN
62.17. NON-RESIDENT REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES (033618)	UNKNOWN	N/A	UNKNOWN
62.18. PHARMACEUTICAL WHOLESALER (WH70002459)	UNKNOWN	N/A	UNKNOWN
62.19. PHARMACY - WHOLESALE DRUG DISTRIBUTOR (A4-0002412)	UNKNOWN	N/A	UNKNOWN
62.20. PRESCRIPTION DRUG/DEVICE/MANUFACTURER/WHOLESALER/DISTRIBUTOR PERMIT (0004)	UNKNOWN	N/A	UNKNOWN
62.21. REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES (303440)	UNKNOWN	N/A	UNKNOWN
62.22. WHOLESALE DRUG OUTLET (039.0123750)	UNKNOWN	N/A	UNKNOWN
62.23. WHOLESALE DRUGS COSMETICS & MEDICAL DEVICES (CSW.0003564)	UNKNOWN	N/A	UNKNOWN
62.24. WHOLESALE DRUGS COSMETICS & MEDICAL DEVICES W/CS ENDORSEMENT (CSW.0002228)	UNKNOWN	N/A	UNKNOWN
<b>63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS</b>			
63.1. CUSTOMER LIST FROM PURCHASE OF "NEW CASTLE"	\$1,414.98	BOOK VALUE	\$1,414.98
<b>64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY</b>			
<b>NONE</b>			
<b>65. GOODWILL</b>			
<b>NONE</b>			
<b>66 Total of Part 10.</b> ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			\$364,028.17
<b>67. Do your lists or records include personally identifiable information of customers</b> (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			



(Name)

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☐ No  
☒ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: ALL OTHER ASSETS****70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?**

INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**71. NOTES RECEIVABLE**

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

NOTES RECEIVABLE FROM ALBERTY DRUGS	\$764,215.92	\$764,215.92	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM COCHRANTON COM PHARM	\$1,210.4	\$0.00	=	→	\$1,210.40
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM COLFAX PHARMACY	\$110,350.83	\$0.00	=	→	\$110,350.83
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM DOUGHERTY PHARMACY -	\$6,945.54	\$0.00	=	→	\$6,945.54
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM FAMILY PHARMACY PLUS	\$66,024.52	\$0.00	=	→	\$66,024.52
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM HOPEWELL DRUGSTORE -	\$3,301.11	\$0.00	=	→	\$3,301.11
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM MEAD SQUARE PHARMACY	\$1,537,803.73	\$1,537,803.73	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM MENDON PHARMACY	\$208,896.43	\$208,896.43	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM PHELPS HOMETOWN PHAR	\$213,642.45	\$213,642.45	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM SOUTHTOWNS MED'L PHA	\$323,984.53	\$323,984.53	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			
NOTES RECEIVABLE FROM WURLITZER FAMILY PHA	\$86,192.89	\$86,192.89	=	→	\$0.00
	total face amount	doubtful or uncollectable accounts			

**72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)**

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

FEDERAL NOL	Tax year 2019	\$17,460,346.00
REFUNDABLE FEDERAL AMT CREDIT CARRYOVER	Tax year 2019	\$680,650.00

**73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES**

NONE

**74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)**

<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
A & J PHARMACY LLC		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
ADDISON'S APOTHECARY, INC.		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
ASTORIA PHARMACY INC.		UNKNOWN

Current value of  
debtor's interest

74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)

<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
BRAUNAGEL & BRAUNAGEL, INC. D/B/A ALITON'S PHARMACY HOME HEALTHCARE CENTERS, BRAUNAGEL & BRAUNAGEL, INC. D/B/A ALITON'S PHARMACY HOME HEALTHCARE CENTERS		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
BUFFALO CLINICAL SERVICES, INC. D/B/A UNION MEDICAL PHARMACY		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
CLARKSTOWN PHARMACY, INC., AND CLARKSTOWN PHARMACY II LLC		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
DANWINS LLC		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
EFFEXOR XR ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
EMPIRE SPECIALTY PHARMACY CORP.		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
GARDNER'S PHARMACY, INC.		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
GENERIC PHARMACEUTICALS PRICING ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
GLEN COVE PHARM, LLC		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
INTUNIV ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
LAMICTAL ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
LIPITOR ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
LOESTRIN 24 FE ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
MEAD SQUARE PHARMACY, INC. AND THE CASEY GROUP LLC		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
MEGA AID PHARMACY, INC. AND MEGA AID PHARMACY 1, INC.		UNKNOWN

Current value of  
debtor's interest**74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)**

<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
NAMENDA DIRECT PURCHASER ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
NEW YORK CHEMISTS INC.		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
NIASPAN ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
NORTH COUNTRY DRUGS, INC.		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
NOVARTIS AND PAR ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
PALMYRA PHARMACY, LLC		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
PRIZEL'S PHARMACY LLC		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
REMICADE ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
RESTASIS (CYCLOSPORINE OPHTHALMIC EMULSION) ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	REIMBURSEMENT FOR THE DEFENSE COUNSEL FEES PAID BY THE DEBTOR TO DEFEND ITSELF IN THE IN RE OPIOID LITIGATION	
<b>Amount requested</b>	UNKNOWN	
ROCHESTER DRUG CO-OPERATIVE, INC. V. HISCOX INSURANCE COMPANY, INC.		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
ROCHESTER DRUG COOPERATIVE, INC. V. WHALER'S APOTHECARY ET AL.		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
ROOSEVELT DRUG CORP.		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
SOUTHTOWNS MEDICAL PHARMACY, LLC		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
SPENCERPORT FAMILY APOTHECARY, LLC		UNKNOWN
<b>Nature of claim</b>	ANTITRUST LITIGATION	
<b>Amount requested</b>	UNKNOWN	
SUBOXONE (BUPRENORPHINE HYDROCHLORIDE AND NALOXONE) ANTITRUST LITIGATION		UNKNOWN
<b>Nature of claim</b>	COLLECTIONS LITIGATION	
<b>Amount requested</b>	UNKNOWN	
SY PHARMACY INC.		UNKNOWN

		Current value of debtor's interest
74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)		
Nature of claim	COLLECTIONS LITIGATION	
Amount requested	UNKNOWN	
	VOGEL PHARMACY, INC.	UNKNOWN
Nature of claim	COLLECTIONS LITIGATION	
Amount requested	UNKNOWN	
	WHALER'S APOTHECARY INC.	UNKNOWN
Nature of claim	ANTITRUST LITIGATION	
Amount requested	UNKNOWN	
	ZETIA (EZETIMIBE) ANTITRUST LITIGATION	UNKNOWN
75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS		
NONE		
76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY		
	NORTHWESTERN MUTUAL LIFE - PAID UP LIFE POLICY # 13-396-895	\$68,042.00
	NORTHWESTERN MUTUAL LIFE - PAID UP LIFE POLICY # 13-396-895	\$26,913.00
77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP		
NONE		
78 Total of Part 11.	ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.	\$18,423,783.40
79. Has any of the property listed in Part 11 been appraised by a professional within the last year?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$6,337,833.99	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,342,719.15	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$51,899,605.03	
83. Investments. <i>Copy line 17, Part 4.</i>	UNKNOWN	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$14,285,728.98	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$752,817.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$7,624,651.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$11,562,729.00

89. Intangibles and intellectual property. Copy line 66, Part 10.	\$364,028.17	
90. All other assets. Copy line 78, Part 11.	+	\$18,423,783.40
91. Total. Add lines 80 through 90 for each column. . . . . 91a.	<div>\$101,031,166.72</div>	+
		91b <div>\$11,562,729.00</div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. . . . .		<div>\$112,593,895.72</div>

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****04/19****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Creditors with Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim***Do not deduct the value of collateral.**Column B***Value of collateral that supports this claim**

2.1	<b>Creditor's name</b> MANUFACTURERS AND TRADERS TRUST COMPANY, AS AGENT FOR THE LENDERS  <b>Creditor's mailing address</b> ONE M&T PLAZA BUFFALO, NY 14240  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> 12/10/2014  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> ALL OF THE DEBTOR'S ASSETS  <b>Describe the lien</b> CREDIT FACILITY AGREEMENT  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$24,880,585.56	ALL ASSETS
2.2	<b>Creditor's name</b> MANUFACTURERS AND TRADERS TRUST COMPANY, AS AGENT FOR THE LENDERS  <b>Creditor's mailing address</b> ONE M&T PLAZA BUFFALO, NY 14240  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> 12/10/2014  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> ALL OF THE DEBTOR'S ASSETS  <b>Describe the lien</b> CREDIT FACILITY AGREEMENT  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000,000.00	ALL ASSETS

**Part 1: Additional Page**

		<i>Column A</i> <b>Amount of claim</b> <i>Do not deduct the value of collateral.</i>	<i>Column B</i> <b>Value of collateral that supports this claim</b>	
2.3	<b>Creditor's name</b> MANUFACTURERS AND TRADERS TRUST COMPANY, AS AGENT FOR THE LENDERS  <b>Creditor's mailing address</b> ONE M&T PLAZA BUFFALO, NY 14240  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> 6/13/2019  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> ALL OF THE DEBTOR'S PERSONAL PROPERTY  <b>Describe the lien</b> UCC FILING NUMBER - 201906135760702  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	ALL ASSETS
2.4	<b>Creditor's name</b> MANUFACTURERS AND TRADERS TRUST COMPANY, AS AGENT FOR THE LENDERS  <b>Creditor's mailing address</b> ONE M&T PLAZA BUFFALO, NY 14240  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> 5/16/2016  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> ALL OF THE DEBTOR'S PERSONAL PROPERTY  <b>Describe the lien</b> UCC FILING NUMBER - 201605165582029  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	ALL ASSETS
3.	<b>Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		\$29,880,585.56	

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

04/19

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b> ALWARD M EMMANS 24 ALINA STREET FAIRPORT, NY 14450  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN  UNKNOWN
2.2	<b>Priority creditor's name and mailing address</b> CYNTHIA L KIRKER 23 OLD POST ROAD FAIRPORT, NY 14450  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN  UNKNOWN
2.3	<b>Priority creditor's name and mailing address</b> DOROTHY L GRAHAM REEVES 35 WALDO AVE ROCHESTER, NY 14609  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN  UNKNOWN



**Part 1: Additional Page**

			Total claim	Priority amount
2.4	<b>Priority creditor's name and mailing address</b> EDWARD KIRKER C/O CYNTHIA L KIRKER 23 OLD POST ROAD FAIRPORT, NY 14450  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.5	<b>Priority creditor's name and mailing address</b> JOSEPH E BRENNAN 177 RED CEDAR DRIVE ROCHESTER, NY 14616  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.6	<b>Priority creditor's name and mailing address</b> JOYCE HATCHER 2450 COUNTY ROAD 28 CANANDAIGUA, NY 14424  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (5)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.7	<b>Priority creditor's name and mailing address</b> LAURENCE F DOUD III 2913 PALMA LANE NEW SMYRNA BEACH, FL 32168-3636  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE BENEFITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.8	<b>Priority creditor's name and mailing address</b> NYS OPIOID TAX P.O. BOX 15168 ALBANY, NY 12212-5168  <b>Date or dates debt was incurred</b> 1/27/2020  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> NYS OPIOID TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

Part 1: Additional Page

			Total claim	Priority amount
2.9	<b>Priority creditor's name and mailing address</b> NYS SALES TAX P.O. BOX 15168 ALBANY, NY 12212-5168  <b>Date or dates debt was incurred</b> 1/24/2020  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> NYS SALES TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	<b>Priority creditor's name and mailing address</b> TOWN OF CHILI VIRGINIA IGNATOWSKI, RECEIVER 3333 CHILI AVENUE ROCHESTER, NY 14624  <b>Date or dates debt was incurred</b> 1/27/2020  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,997.00	\$44,997.00
2.11	<b>Priority creditor's name and mailing address</b> TOWNSHIP OF FAIRFIELD 230 FAIRFIELD ROAD FAIRFIELD, NJ 07004  <b>Date or dates debt was incurred</b> 1/28/2020  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,685.00	\$42,685.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> 1ST BRONXCARE PHARMA 438 E 149TH STREET SERVAID CORP BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,969.81
3.2	<b>Nonpriority creditor's name and mailing address</b> 21ST CENTURY HEALTHCARE ATTN: SALVATORI SALES 2119 SOUTH WILSON ST TEMPE, AZ 85282  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,031.24

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			Amount of claim
3.3	<b>Nonpriority creditor's name and mailing address</b> 3M SRY5034 POST OFFICE BOX 269-F ST. LOUIS, MO 63150-0269  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,480.48
3.4	<b>Nonpriority creditor's name and mailing address</b> 52 ND STREET PHARMAC 1226 N. 52 ND STREET  PHILADELPHIA, PA 19131  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$837.19
3.5	<b>Nonpriority creditor's name and mailing address</b> 870 SOUTHERN DRUG CO 868 DEKALB AVENUE PHARMBLUE LLC/RX BLUE STAR SOLUTION BROOKLYN, NY 11221  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.15
3.6	<b>Nonpriority creditor's name and mailing address</b> 888 PHARMACY, INC 4821 8TH AVENUE  BROOKLYN, NY 11220  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.03
3.7	<b>Nonpriority creditor's name and mailing address</b> A & F PHARMACY LLC 3200 FRANKFORD AVE  PHILADELPHIA, PA 19134  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.27

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			Amount of claim
3.8	<b>Nonpriority creditor's name and mailing address</b> A + D ENGINEERING, INC. 1756 AUTOMATION PARKWAY SAN JOSE, CA 95131  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,567.30
3.9	<b>Nonpriority creditor's name and mailing address</b> A.I.I. CLUBMAN ATTN: MIKE BALLSMITH 2220 GASPAR AVENUE LOS ANGELES, CA 90040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,473.78
3.10	<b>Nonpriority creditor's name and mailing address</b> ABBOTT DIABETES CARE 1360 SOUTH LOOP ROAD ALAMEDA, CA 94502  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$586,808.85
3.11	<b>Nonpriority creditor's name and mailing address</b> ABBOTT NUTRITION 625 CLEVELAND AVE COLUMBUS, OH 43215-1724  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,803.66
3.12	<b>Nonpriority creditor's name and mailing address</b> ABBVIE US LLC P.O.BOX 8500 S-6665 PHILADELPHIA, PA 19178  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,373,945.05

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			Amount of claim
3.13	<b>Nonpriority creditor's name and mailing address</b> ABRAXIS BIOSCIENCE, INC. 2318 MOMENTUM PLACE CHICAGO, IL 60689-5323  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,385.11
3.14	<b>Nonpriority creditor's name and mailing address</b> ABRIN PHARMACY 131-13 ROCKAWAY BLVD R & C PHARMACY CORP. SOUTH OZONE PARK, NY 11420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.33
3.15	<b>Nonpriority creditor's name and mailing address</b> ABRIN PHARMACY 131-13 ROCKAWAY BLVD SREENIDHI PHARMACY SOUTH OZONE PARK, NY 11420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,409.46
3.16	<b>Nonpriority creditor's name and mailing address</b> ACCERA, INC. 800 WOODLAND PRIME SUITE 200 MENOMONEE FALLS, WI 53051-4483  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
3.17	<b>Nonpriority creditor's name and mailing address</b> ACCORD HEALTHCARE INC 1009 SLATER ROAD SUITE 210-B DURHAM, NC 27703  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,148.74

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			Amount of claim
3.18	<b>Nonpriority creditor's name and mailing address</b> ACE DRUG COMPANY INC 192 BROADWAY-NO CREDITS! USE 003510 NO CREDITS !!! USE 003510 NEWBURGH, NY 12550  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,643.15
3.19	<b>Nonpriority creditor's name and mailing address</b> ACELLA PHARMACEUTICALS,LLC 11675 GREAT OAKS WAY, SUITE 144 ALPHARETTA, GA 30022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,984.26
3.20	<b>Nonpriority creditor's name and mailing address</b> ACI HEALTHCARE USA INC 10100 W SAMPLE RD CORAL SPRINGS, FL 33065  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,999.11
3.21	<b>Nonpriority creditor's name and mailing address</b> ADAPT PHARMA INC 100 MATSONFORD RD BUILDING 4, SUITE 201 RANDOR, PA 19087  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,398.85
3.22	<b>Nonpriority creditor's name and mailing address</b> ADARE PHAMACEUTICALS INC 501 MASON RD, SUITE 200 LAVERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,106.00

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			Amount of claim
3.23	<b>Nonpriority creditor's name and mailing address</b> ADLIB PHARMACY CORP 215-19/21 73RD AVE. WINDSOR PHARMACY BAYSIDE, NY 11364  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$905.30
3.24	<b>Nonpriority creditor's name and mailing address</b> ADVANCED DISCOVERY P O BOX 102242 ATLANTA, GA 30368-2242  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,937.53
3.25	<b>Nonpriority creditor's name and mailing address</b> ADVANCED PHARMACY ON 6929 MYRTLE AVE ADVANCED PHARMACY ONE INC GLENDALE, NY 11385  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,624.55
3.26	<b>Nonpriority creditor's name and mailing address</b> AERIE PHARMACEUTICALS, INC. 4301 EMPEROR BLVD DURHAM, NC 27703  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,204.71
3.27	<b>Nonpriority creditor's name and mailing address</b> AEROTEK COMMERCIAL STAFFING P.O. BOX 198531 ATLANTA, GA 30384-8531  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.28	<b>Nonpriority creditor's name and mailing address</b> AGAMATRIX 7C RAYMOND AVE SALEM, NH 03079  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,065.37
3.29	<b>Nonpriority creditor's name and mailing address</b> AIRGUARD MEDICAL PRODUCTS CO 1599 HOLLY HILL DRIVE GERMANTOWN, TN 38138  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$768.00
3.30	<b>Nonpriority creditor's name and mailing address</b> AJANTA PHARMA USA INC 440 US HIGHWAY 22 EAST SUITE 150 BRIDGEWATER, NJ 08807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,379.47
3.31	<b>Nonpriority creditor's name and mailing address</b> AKESO HEALTH SCIENCES LLC 4607 LAKEVIEW CANYON 561 WESTLAKE VILLAGE, CA 91361  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,505.60
3.32	<b>Nonpriority creditor's name and mailing address</b> AKORN CONSUMER HEALTH 660 MAIN STREET SUITE 330 WOBURN, MA 01801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,713.04



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			Amount of claim
3.33	<b>Nonpriority creditor's name and mailing address</b> AKORN INCORPORATED 1925 W. FIELD COURT SUITE 300 LAKE FOREST, IL 60045  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,929.09
3.34	<b>Nonpriority creditor's name and mailing address</b> ALBANY COLL OF PHCY 106 NEW SCOTLAND AVENUE ATTN: ACCOUNTS PAYABLE ALBANY, NY 12208  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.47
3.35	<b>Nonpriority creditor's name and mailing address</b> ALCON LABORATORIES INC P O BOX 75877 CHARLOTTE, NC 28275  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134,461.07
3.36	<b>Nonpriority creditor's name and mailing address</b> ALCON LABORATORIES, INC. POST OFFICE BOX 75877 CHARLOTTE, NC 28275  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.08
3.37	<b>Nonpriority creditor's name and mailing address</b> ALEMBIC PHARMACEUTICALS INC 750 HIGHWAY 202 BRIDGEWATER, NJ 08807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,464.30

Part 2: Additional Page		Amount of claim
3.38	<b>Nonpriority creditor's name and mailing address</b> ALFASIGMA USA, INC. 2008 CLAIBORNE AVENUE SHREVEPORT, LA 71103  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$9,889.82 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> ALFASIGMA USA, INC. 420 INTERNATIONAL BLVD SUITE 500 BROOKS, KY 40109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$16,289.83 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> ALFRED PHARMACY INC. 36 NORTH MAIN STREET ALFRED, NY 14802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$80.84 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	<b>Nonpriority creditor's name and mailing address</b> ALKERMES INC. 852 WINTER STREET WALTHAM, MA 05241  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$152,992.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	<b>Nonpriority creditor's name and mailing address</b> ALLCARE PHARMACY 59 WEST 167TH STREET WOODCREST PHARMACY INC. BRONX, NY 10452  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$161.08 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.43	<b>Nonpriority creditor's name and mailing address</b> ALLEGAERT BERGER & VOGEL, LLP 111 BROADWAY, 20TH FLOOR NEW YORK, NY 10006  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,792.00
3.44	<b>Nonpriority creditor's name and mailing address</b> ALLEGIS 276 NISSAN PARKWAY F-100 CANTON, MS 39046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	<b>Nonpriority creditor's name and mailing address</b> ALLERGAN SALES LLC 1551 SAWGRASS CORP PKWY SUITE 400-CORPORATE CENTER I SUNRISE, FL 33323  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,957,446.22
3.46	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE DISTRIBUTION PARTNERS 539 N BELVEDERE DR GALLATIN, TN 37066  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,694.60
3.47	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE LABS 1406 W. VICTORY LANE PHOENIX, AZ 85027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,775.64

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			Amount of claim
3.48	<b>Nonpriority creditor's name and mailing address</b> ALMADAD INC. 690A MELROSE AVENUE DBA BRONX PHARMACY BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.09
3.49	<b>Nonpriority creditor's name and mailing address</b> ALMATICA PHARMA INC. 9 CAMPUS DRIVE THIRD FLOOR PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,160.94
3.50	<b>Nonpriority creditor's name and mailing address</b> ALPHAV HEALTHCARE, LLC 194 INLET DR ST. AUGUSTINE, FL 32080  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,223.20
3.51	<b>Nonpriority creditor's name and mailing address</b> ALPINA PHARMACY ATTN: ABO ILYAYEV 155 W 145TH STREET ALPINA PHARMACY INC NEW YORK, NY 10039  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$995.62
3.52	<b>Nonpriority creditor's name and mailing address</b> ALVIN'S PHARMACY 115 CEDAR LANE CENTURY SPECIALTY SCRIPT LLC TEANECK, NJ 7666  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.88

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			Amount of claim
3.53	<b>Nonpriority creditor's name and mailing address</b> AMAG PHARMACEUTICALS 420 INTERNATIONAL BLVD SUITE 500 BROOKS, KY 40109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,272.00
3.54	<b>Nonpriority creditor's name and mailing address</b> AMANI PHARMACY INC 1162 LIBERTY AVENUE  BROOKLYN, NY 11208  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.85
3.55	<b>Nonpriority creditor's name and mailing address</b> AMARIN PHARMACEUTICALS LIMITED 1001 CHERI WAY C/O RX CROSSROADS LOUISVILLE, KY 40118  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$901,801.01
3.56	<b>Nonpriority creditor's name and mailing address</b> AMERICAN DIAGNOSTIC CORP. 55 COMMERCE DR HAUPPAGE, NY 11788  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.31
3.57	<b>Nonpriority creditor's name and mailing address</b> AMERICAN HEALTH PHAR 133-10 41 ST RD AMERICAN HEALTH PHARMACY INC FLUSHING, NY 11355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.52

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			Amount of claim
3.58	<b>Nonpriority creditor's name and mailing address</b> AMERICAN LIFELINE P.O. BOX 37835 BALTIMORE, MD 21297-7835  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,856.84
3.59	<b>Nonpriority creditor's name and mailing address</b> AMERICAN REGENT, INC ONE LUITPOLD DRIVE SHIRLEY, NY 11967  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$757.85
3.60	<b>Nonpriority creditor's name and mailing address</b> AMERICARE 1 PHARMA 821 ADAMS AVENUE AMERICARE DISCOUNT PHARMACY INC PHILADELPHIA, PA 19124  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,753.49
3.61	<b>Nonpriority creditor's name and mailing address</b> AMERICARE 2 PHARMACY 5201 RT 38 WEST, 116 AMERICARE DISCOUNT PHARMACY INC PENNSAUKEN, NJ 8109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,789.47
3.62	<b>Nonpriority creditor's name and mailing address</b> AMGEN, INCORPORATED 1840 DEHAVILLAND THOUSAND OAKS, CA 91320  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,036,429.77

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			Amount of claim
3.63	<b>Nonpriority creditor's name and mailing address</b> AMICI PHARMACEUTICALS LLC 425 BROADHOLLOW RD SUITE 115 MELVILLE, NY 11747  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.00
3.64	<b>Nonpriority creditor's name and mailing address</b> AMISH ORIGINS P.O. BOX 39 WORLAND, WY 82401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,719.15
3.65	<b>Nonpriority creditor's name and mailing address</b> AMNEAL SPECIALTY 40 ABERDEEN DR GLASGOW, KY 42141  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,022.30
3.66	<b>Nonpriority creditor's name and mailing address</b> ANALYSIS GROUP INC. 111 HUNTINGTON AVENUE 14TH FLOOR BOSTON, MA 02199  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191,133.00
3.67	<b>Nonpriority creditor's name and mailing address</b> ANI PHARMACEUTICALS INC 210 MAIN STREET WEST PO BOX 370 BAUDETTE, MN 56623  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,453.74

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			Amount of claim
3.68	<b>Nonpriority creditor's name and mailing address</b> ANIMAL MED EXPRESS 9415 HIGHWOOD HILL BRENTWOOD, TN 37027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.71
3.69	<b>Nonpriority creditor's name and mailing address</b> APEXUS, INC. 75 REMITTANCE DRIVE SUITE 1164 CHICAGO, IL 60675  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,120.78
3.70	<b>Nonpriority creditor's name and mailing address</b> APNAR PHARMACY 168-01 HILLSIDE AVE APNAR PHARMACY INC JAMAICA, NY 11432  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,651.88
3.71	<b>Nonpriority creditor's name and mailing address</b> APOTEX CORP 2400 N. COMMERCE PARKWAY SUITE 400 WESTON, FL 33326  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,983.18
3.72	<b>Nonpriority creditor's name and mailing address</b> APOTHECARE PHCY @ SHOP + SAVE ATTN: WALTER & AMY LIZZA 150 WALNUT HILL RD DANERON LLC UNIONTOWN, PA 15401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,025.41



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			Amount of claim
3.73	<b>Nonpriority creditor's name and mailing address</b> APOTHECARE PHCY @ SHOP + SAVE ATTN: WALTER & AMY LIZZA 150 WALNUT HILL RD DANERON LLC UNIONTOWN, PA 15401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.32
3.74	<b>Nonpriority creditor's name and mailing address</b> APOTHECARY BY DESIGN 141 PREBLE ST APOTHECARY BY DESIGN ACQUISITION CO PORTLAND, ME 4101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.49
3.75	<b>Nonpriority creditor's name and mailing address</b> APOTHECARY PRODUCTS, INC. 11750 12TH AVENUE SOUTH BURNSVILLE, MN 55337  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,876.59
3.76	<b>Nonpriority creditor's name and mailing address</b> APOTHECUS PHARMACEUTICAL, INC. 220 TOWNSEND SQUARE OYSTER BAY, NY 11771  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,478.24
3.77	<b>Nonpriority creditor's name and mailing address</b> APPLEBYS / BROADTP 3 133 E. SHIRLEY ST ENTITY : BROAD TOP AREA MED CTR MOUNT UNION, PA 17066  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,558.67

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3.78	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>APPLEBY'S DRUG STORE 133 E. SHIRLEY ST FRED B. APPLEBY, INC. MOUNT UNION, PA 17066</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$104.68 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.79	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AQUA PHARAMCEUTICALS LLC 5 GREAT VALLEY PARKWAY SUITE 355 MALVERN, PA 19355</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$25,106.22 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.80	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ARBOR PHARMACEUTICALS, INC. P.O. BOX 259 ACWORTH, GA 30101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$72,844.17 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.81	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASCEND LABORATORIES 339 JEFFERSON ROAD, SUITE 101 PARSIPPANY, NJ 07054</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$113,968.03 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.82	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASCENSIA DIABETES CARE POST OFFICE BOX 751384 CHARLOTTE, NC 28275</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$163,679.86 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.83	<b>Nonpriority creditor's name and mailing address</b> ASCENT CONSUMER PRODUCTS 105 BAYLIS ROAD MELVILLE, NY 11747  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,472.00
3.84	<b>Nonpriority creditor's name and mailing address</b> ASCHER B.F. AND COMPANY INC. POST OFFICE BOX 717 SHAWNEE MISSION, KS 66201-0717  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,126.84
3.85	<b>Nonpriority creditor's name and mailing address</b> ASTELLAS PHARMA US, INC. PARKWAY NORTH CENTER 3 PARKWAY NORTH DEERFIELD, IL 60015  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675,574.90
3.86	<b>Nonpriority creditor's name and mailing address</b> ASTON CARTER, INC. 3689 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	<b>Nonpriority creditor's name and mailing address</b> ASTRAZENECA LP 1800 CONCORD PIKE WILMINGTON, DE 19850  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550,134.32

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			Amount of claim
3.88	<b>Nonpriority creditor's name and mailing address</b> AUBURN PHARMACEUTICALS 1775 JOHN R. TROY, MI 48083  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$538.80
3.89	<b>Nonpriority creditor's name and mailing address</b> AUROBINDO PHARMA USA 6 WHEELING ROAD DAYTON, NJ 08810  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212,371.50
3.90	<b>Nonpriority creditor's name and mailing address</b> AUSTIN WELLNESS PHAR 6902 AUSTIN STREET  FOREST HILLS, NY 11375  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.50
3.91	<b>Nonpriority creditor's name and mailing address</b> AVANIR PHARMACEUTICALS INC. 9 CAMPUS DRIVE PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,078.83
3.92	<b>Nonpriority creditor's name and mailing address</b> AVION PHARMACEUTICALS, LLC 11675 GREAT OAKS WAY SUITE 120 ALPHARETTA, GA 30022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,627.32

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			Amount of claim
3.93	<b>Nonpriority creditor's name and mailing address</b> B.D.S. PERSONAL CARE 224 WEST DIAMOND STREET  BUTLER, PA 16001  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.36
3.94	<b>Nonpriority creditor's name and mailing address</b> BAAR PRODUCTS, INC. 241 BOOT ROAD DOWNTOWN, PA 19335  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,218.90
3.95	<b>Nonpriority creditor's name and mailing address</b> BAEDERWOOD PHARMACY ATTN: BARRY NEFF 1585 THE FAIRWAY BAEDERWOOD SHOP CT JENKINTOWN, PA 19046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.85
3.96	<b>Nonpriority creditor's name and mailing address</b> BARTH'S DRUG STORE 32 E MAIN ST VEVI PHARMACY INC RIVERHEAD, NY 11901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.15
3.97	<b>Nonpriority creditor's name and mailing address</b> BARTH'S DRUG STORE 32 EAST MAIN ST BARTH, BARRY DONALD RIVERHEAD, NY 11901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$863.60

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			Amount of claim
3.98	<b>Nonpriority creditor's name and mailing address</b> BATTERIES + THINGS 365 24TH STREET LA SALLE, IL 61301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$839.80
3.99	<b>Nonpriority creditor's name and mailing address</b> BAUSCH HEALTH US, LLC. ONE ENTERPRISE ALISO VIEJO, CA 92656  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125,279.10
3.100	<b>Nonpriority creditor's name and mailing address</b> BAYER HEALTHCARE POST OFFICE BOX 75113 CHICAGO, IL 60675-5113  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395,588.88
3.101	<b>Nonpriority creditor's name and mailing address</b> BAYER PAHRMACEUTICALS, INC. 6 WEST BELT WAYNE, CT 07470-6806  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,182.44
3.102	<b>Nonpriority creditor's name and mailing address</b> BAYSHORE PHARMACEUTICALS LLC 51 JFK PARKWAY 1ST FLOOR WEST SHORT HILLS, NJ 07078  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,412.28

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			Amount of claim
3.103	<b>Nonpriority creditor's name and mailing address</b> BAYSHORE PHARMACY HWY 36 / 2 BAYSHORE PLAZA AKA SEABRIGHT PHARMACY INC. ATLANTIC HIGHLANDS, NJ 7716  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.41
3.104	<b>Nonpriority creditor's name and mailing address</b> BBG CONSULTING LLC 8 ROSA DRIVE WHITE PLAINS, NY 10607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.105	<b>Nonpriority creditor's name and mailing address</b> BEACH PRODUCTS P.O. BOX 128 CONESTEE, SC 29636  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,491.00
3.106	<b>Nonpriority creditor's name and mailing address</b> BECTON, DICKINSON + CO CONSUMER PRODUCTS DIVISION POST OFFICE BOX 371692M PITTSBURGH, PA 15251  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,916.00
3.107	<b>Nonpriority creditor's name and mailing address</b> BEDFORD COUNTY PA, ET AL. C/O BARRY SCATTON MARC J BERN & PARTNERS 101 WEST ELM ST, STE 215 CONSHOHOCKEN, PA 19428  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.108	<b>Nonpriority creditor's name and mailing address</b> BEIERSDORF, INC. 573030 P.O. BOX 751807 CHARLOTTE, NC 28275-1807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,912.08
3.109	<b>Nonpriority creditor's name and mailing address</b> BELL LIFESTYLE PRODUCTS ATTN: NICOLA 07090 68TH STREET SOUTH HAVEN, MI 49090  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.65
3.110	<b>Nonpriority creditor's name and mailing address</b> BELL PHARMACEUTICALS 200 WEST BEAVER ST PO BOX 128 BELL PLAINE, MN 56011  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,034.20
3.111	<b>Nonpriority creditor's name and mailing address</b> BENTLIN PRODUCTS LLC 26 MORRISON ST BASKING RIDGE, NJ 07920  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,637.68
3.112	<b>Nonpriority creditor's name and mailing address</b> BERNEY'S PHARMACY 615 HOWARD AVE COLUMBUS CHEMISTS LLC NEW HAVEN, CT 6519  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.53



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			Amount of claim
3.113	<b>Nonpriority creditor's name and mailing address</b> BERRY PLASTICS CORPORATION ATTN: DIANNE MANLEY 1005 LOWER BROWNSVILLE RD JACKSON, TN 38301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,459.49
3.114	<b>Nonpriority creditor's name and mailing address</b> BEST PHARMACY INC. 2002 SECOND AVENUE  NEW YORK, NY 10029  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.15
3.115	<b>Nonpriority creditor's name and mailing address</b> BEST QUALITY CARE PH 5015 8TH AVENUE BEST QUALITY CARE LLC BROOKLYN, NY 11220  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,802.58
3.116	<b>Nonpriority creditor's name and mailing address</b> BEUTLICH, INC. 7775 S US HWY 1 SUITE H BUNNELL, FL 32110  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,851.37
3.117	<b>Nonpriority creditor's name and mailing address</b> BIC USA INC. P.O. BOX 40000, DEPT 399 HARTFORD, CT 06151-0399  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,792.48

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		Amount of claim
3.118	<b>Nonpriority creditor's name and mailing address</b> BIOCODEX INC. 255 SHORELINE DRIVE SUITE 450 REDWOOD CITY, CA 94065 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,691.53 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	<b>Nonpriority creditor's name and mailing address</b> BIOCOMP PHARMA, INC. P.O. BOX 781149 SAN ANTONIO, TX 78278 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$4,582.83 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	<b>Nonpriority creditor's name and mailing address</b> BIODELIVERY SCIENCES 15 INGRAM BLVD LA VERGNE, TN 37086 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$9,382.85 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	<b>Nonpriority creditor's name and mailing address</b> BIOFILM, INC. 3225 EXECUTIVE RIDGE VISTA, CA 92081 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$46,182.72 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	<b>Nonpriority creditor's name and mailing address</b> BIOLIFE 8163 25TH COURT EAST SARASOTA, FL 34243 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$6,134.40 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.123	<b>Nonpriority creditor's name and mailing address</b> BIOMERICA, INC. 1533 MONROVIA AVENUE NEWPORT BEACH, CA 92663  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$636.00
3.124	<b>Nonpriority creditor's name and mailing address</b> BIONIME USA CORPORATION 1450 E. SPRUCE STREET, BLDG B ONTARIO, CA 91761  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,890.00
3.125	<b>Nonpriority creditor's name and mailing address</b> BIONPHARMA 4125 PREMIER DRIVE HIGH POINT, NC 27265  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,210.25
3.126	<b>Nonpriority creditor's name and mailing address</b> BIO-TECH PHARMACAL, INC 3481 N. HIGHWAY 112 FAYETTEVILLE, AR 72704  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,152.00
3.127	<b>Nonpriority creditor's name and mailing address</b> BJS DRUGS 6860 AUSTIN ST STORE 5 BJSRX INC FOREST HILLS, NY 11375  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.48

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		Amount of claim
3.128	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLAINE LABS ATTN: RAQUEL GARCIA 11037 LOCKPORT PLACE SANTA FE SPRINGS, CA 90670</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$902.23 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.129	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLAIREX LABORATORIES, INC. 1600 BRIAN DRIVE COLUMBUS, IN 47201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,237.20 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.130	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLISTEX INCORPORATED ATTN: JIM MCCABE P.O. BOX 98106 CHICAGO, IL 60693-8106</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$72,916.80 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.131	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLOSS PHARMACY, INC. 2 RIVERSIDE PLAZA  BLOSSBURG, PA 16912</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$706.93 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.132	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOCA PHARMACY 221-21 JAMAICA AVE 222 JAMICA DRUG LLC QUEENS VILLAGE, NY 11428</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$852.20 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.133	<b>Nonpriority creditor's name and mailing address</b> BOCA PHARMACY FULTON 1225 FULTON AVENUE 1225 FULTON AVENUE PHARMACY INC. BRONX, NY 10456  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,110.57
3.134	<b>Nonpriority creditor's name and mailing address</b> BOCA PHARMACY/ WILLI 514 WILLIS AVE 514 WILLIS AVE. PHARMACY CORP. BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,244.04
3.135	<b>Nonpriority creditor's name and mailing address</b> BOCA PHARMACY/EAST 1 736 EAST 152ND STREET 872 HPA DRUG CORP. BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098.54
3.136	<b>Nonpriority creditor's name and mailing address</b> BOEHRINGER INGELHEIM PHARM. IN POST OFFICE BOX 5846 CAROL STREAM, IL 60197-5846  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,277,486.03
3.137	<b>Nonpriority creditor's name and mailing address</b> BOIRON INC. 6 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,107.08

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			Amount of claim
3.138	<b>Nonpriority creditor's name and mailing address</b> BOND, SCHOENECK + KING, PLLC ONE LINCOLN CENTER SYRACUSE, NY 13202-1355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.139	<b>Nonpriority creditor's name and mailing address</b> BOOTH MEMORIAL AVE D 135-28 BOOTH MEMORIAL AVE.  FLUSHING, NY 11355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,989.15
3.140	<b>Nonpriority creditor's name and mailing address</b> BORIS MANTELL 118 IRWIN STREET BROOKLYN, NY 11235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,411.46
3.141	<b>Nonpriority creditor's name and mailing address</b> BOWNE CHEMISTS LLC 161-03 29TH AVENUE  FLUSHING, NY 11358  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,776.44
3.142	<b>Nonpriority creditor's name and mailing address</b> BRAINTREE LABS P.O. BOX 850929 BRAINTREE, MA 02185  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,915.26

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3.143	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRANDON COMMUNITY PH 420 GROVE ST COMM HLTH CTR OF THE RUTLAND REGION BRANDON, VT 5733</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$87.80</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRANDVUE DESIGN 15 KINGS MILL COURT PENFIELD, NY 14526</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$975.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRECKENRIDGE PHARMACEUTICAL POST OFFICE BOX 206 BOCA RATON, FL 33429</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$114,965.29</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.146	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BREWERTON PHARMACY, INC. ATTN: NICK CHERVINSKY 9679 BREWERTON ROAD P. O. BOX 584 BREWERTON, NY 13029</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$878.52</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.147	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRIGGS HEALTHCARE 28690 N. BALLARD DR. LAKE FOREST, IL 60045</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,800.18</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.148	<b>Nonpriority creditor's name and mailing address</b> BRISTOL-MYERS SQUIBB COMPANY POST OFFICE BOX 951444 DALLAS, TX 75395-1444  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,436,173.11
3.149	<b>Nonpriority creditor's name and mailing address</b> BROADWAY CHEMISTS IN 194 BROADWAY DBA ACE DRUGS NEWBURGH, NY 12550  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.150	<b>Nonpriority creditor's name and mailing address</b> BROADWAY INDUSTRIES ATTN: JAY COHEN 1 S. MIDDLESEX AVE MONROE TOWNSHIP, NJ 08831-3726  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,983.46
3.151	<b>Nonpriority creditor's name and mailing address</b> BROADWAY PHARMACY 361 BROADWAY BROADWAY RX LLC BROOKLYN, NY 11211  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.01
3.152	<b>Nonpriority creditor's name and mailing address</b> BROOKFIELD PHARMACEUTICALS 15460 W CAPITOL DR SUITE 111 BROOKFIELD, WI 53005  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.56



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			Amount of claim
3.153	<b>Nonpriority creditor's name and mailing address</b> BROWNS PHARMACY 63 CANTON ST COLE & BROWN, INC. TROY, PA 16947  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.70
3.154	<b>Nonpriority creditor's name and mailing address</b> BSN MEDICAL, INC. POST OFFICE BOX 390 RUTHERFORD COLLEGE, NC 28761  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,100.17
3.155	<b>Nonpriority creditor's name and mailing address</b> BUENA VIDA PHARMACY 91-10 37TH AVENUE JACKSON HEIGHTS PHARMACY INC JACKSON HEIGHTS, NY 11372  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.78
3.156	<b>Nonpriority creditor's name and mailing address</b> BUFFALO HOSPITAL SUPPLY THE CONCOURSE CENTER 4039 GENESEE ST BUFFALO, NY 14225  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,465.82
3.157	<b>Nonpriority creditor's name and mailing address</b> BUTASH PHAMARCY C/O PAUL BUTASH 181 CONSTITUTION AVENUE JESSUP, PA 18434-1217  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,367.00

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			Amount of claim
3.158	<b>Nonpriority creditor's name and mailing address</b> BWD 2078 E 22ND ST BROOKLYN, NY 11229  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,985.18
3.159	<b>Nonpriority creditor's name and mailing address</b> BZ PHARMACY 473 WILLIS AVENUE WILLIS 146 PHARMACY INC BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,979.36
3.160	<b>Nonpriority creditor's name and mailing address</b> CADISTA PHARMACEUTICALS 1155 BUSINESS CENTER DRIVE SUITE 130 HORSHAM, PA 19044-3422  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,156.20
3.161	<b>Nonpriority creditor's name and mailing address</b> CALMOSEPTINE, INC. 5901 WARNER AVE. SUITE 100 HUNTINGTON BEACH, CA 92649  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,200.00
3.162	<b>Nonpriority creditor's name and mailing address</b> CAMBER CONSUMER CARE 1035 CENTENNIAL AVE PISCATAWAY, NJ 08854  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,009.92

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		Amount of claim
3.163	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMBER PHARMACEUTICALS INC 1031 CENTENNIAL AVENUE PISCATAWAY, NJ 08854</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$120,127.65 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.164	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMERON PHARMACEUTICALS 12305 WESTPORT RD SUITE 205 LOUISVILLE, KY 40245</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$15,060.67 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.165	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAPCO /BILLSTRA 340 608 21ST AVE BILLSTRA PHARMACY LLC CONTRACT PHCY PATERSON, NJ 7513</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,301.49 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.166	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CARA, INCORPORATED 333 STRAWBERRY FIELD ROAD SUITE 2 WARWICK, RI 02886</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,878.72 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.167	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CARE FAST PHARMACY L 124 SCHUYLER AVE  KEARNY, NJ 7032</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$225.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.168	<b>Nonpriority creditor's name and mailing address</b> CARE SCRIPT PHARMACY 96-05 ROCKAWAY BOULEVARD  OZONE PARK, NY 11417  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$664.35
3.169	<b>Nonpriority creditor's name and mailing address</b> CAREPOINT HEALTH PHA 308 WILLOW AVE HUMC PHARMACY INC HOBOKEN, NJ 7030  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.06
3.170	<b>Nonpriority creditor's name and mailing address</b> CARLSBAD TECHNOLOGY, INC 5928 FARNSWORTH CT CARLSBAD, CA 92008  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.44
3.171	<b>Nonpriority creditor's name and mailing address</b> CARLSBAD TECHNOLOGY, INC. 5923 BALFOUR COURT CARLSBAD, CA 92008  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,489.60
3.172	<b>Nonpriority creditor's name and mailing address</b> CARMA LABORATORIES, INC. 5801 WEST AIRWAYS AVENUE FRANKLIN, WI 53132  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,206.60

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			Amount of claim
3.173	<b>Nonpriority creditor's name and mailing address</b> CARMODY TORRANCE SANDAK + HENNESSEY LLP PO BOX 1110 WATERBURY, CT 06721-1110  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.00
3.174	<b>Nonpriority creditor's name and mailing address</b> CASTLE TOPP PHARMACY 1370A CASTLE HILL AVE  BRONX, NY 10462  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,594.61
3.175	<b>Nonpriority creditor's name and mailing address</b> CATALINA HEALTHCARE 3870 RUSH MENDON ROAD P. O. BOX 303 MENDON, NY 14506  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,156.00
3.176	<b>Nonpriority creditor's name and mailing address</b> CDMA 43157 WEST NINE MILE RD NOVI, MI 48376  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,675.17
3.177	<b>Nonpriority creditor's name and mailing address</b> CELGENE CORPORATION P.O. BOX 642143-2143 PITTSBURGH, PA 15264  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357,916.10

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			Amount of claim
3.178	<b>Nonpriority creditor's name and mailing address</b> CENTRAL PARK DATA SYSTEMS, INC P.O. BOX 92 OLD BETHPAGE, NY 11804  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,758.75
3.179	<b>Nonpriority creditor's name and mailing address</b> CENTRIC BRANDS INC ATTN: LATTIMORE 350 FIFTH AVE 7TH FLOOR NEW YORK, NY 10118  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.48
3.180	<b>Nonpriority creditor's name and mailing address</b> CENTURY DRUGS & SURG 6-8 FISHER AVENUE INFUCARE PHARMACY INC. TUCKAHOE, NY 10707  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,565.88
3.181	<b>Nonpriority creditor's name and mailing address</b> CENTURY SPECIALTY SC 6-8 FISHER AVENUE INFUCARE PHARMACY INC. TUCKAHOE, NY 10707  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$958.11
3.182	<b>Nonpriority creditor's name and mailing address</b> CHATTEM INCORPORATED POST OFFICE BOX 100770 ATLANTA, GA 30384  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190,266.94

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			Amount of claim
3.183	<b>Nonpriority creditor's name and mailing address</b> CHEM RX (340B) 790 PARK PLACE (DAMIAN FCC) LONG BEACH, NY 11561  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.94
3.184	<b>Nonpriority creditor's name and mailing address</b> CHEM RX 340B (INTER 790 PARK PLACE (DAMIAN FCC) LONG BEACH, NY 11561  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.19
3.185	<b>Nonpriority creditor's name and mailing address</b> CHEMISTRY RX 829 SPRUCE STREET SUITE 100 MADAME RX LLC PHILADELPHIA, PA 19107  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,284.09
3.186	<b>Nonpriority creditor's name and mailing address</b> CHURCH + DWIGHT CO., INC. 469 NORTH HARRISON STREET PRINCETON, NJ 08540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,258.04
3.187	<b>Nonpriority creditor's name and mailing address</b> CINTEX SERVICES, LLC 9330 LBJ FREEWAY SUITE 900 DALLAS, TX 75243  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.48

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		Amount of claim
3.188	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CIPLA USA INC 9100 S DADELAND BLVD SUITE 1500 MIAMI, FL 33156</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$37,352.70 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.189	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLASSIC SYSTEMS, INC. 86 GARDEN STREET WESTBURY, NY 11590</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.190	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLEANIS INC. 1375 BROADWAY AVE, FLOOR 10 SUITE 1000 NEW YORK, NY 10018</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,053.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.191	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLEO COMMUNICATIONS US LLC 4949 HARRISON AVE. SUITE 200 ROCKFORD, IL 61108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,650.85 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.192	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLIFTON-FINE HPTL AD 4057 STATE HIGHWAY 3 ADIRONDACK PHARMACY - CONTR. PHCY STAR LAKE, NY 13690</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$524.68 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



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			Amount of claim
3.193	<b>Nonpriority creditor's name and mailing address</b> CMP PHARMA P.O. BOX 147 FARMVILLE, NC 27828  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,455.88
3.194	<b>Nonpriority creditor's name and mailing address</b> CMV PHARMACY INC. 240 W. SENECA ST STE 3B MANLIUS PHARMACY MANLIUS, NY 13104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.91
3.195	<b>Nonpriority creditor's name and mailing address</b> COLDKEEPERS LLC 1100 SMITH AVE THOMASVILLE, GA 31792  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,603.75
3.196	<b>Nonpriority creditor's name and mailing address</b> COLEEN PERRY C/O COUGHLIN, RAINBOTH, MURPHY & LOWN ATTN: MICHAEL P. RAINBOTH, ESQ. 439 MIDDLE STREET PORTSMOUTH, NH 03801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.197	<b>Nonpriority creditor's name and mailing address</b> COLGATE ORAL PHARMACEUTICALS 4101 MCEWEN SUITE 200 DALLAS, TX 75244-5112  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,233.20

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		Amount of claim
3.198	<b>Nonpriority creditor's name and mailing address</b> COLOPLAST CORP. 1601 WEST RIVER RD N MINNEAPOLIS, MN 55411  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$7,755.60 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	<b>Nonpriority creditor's name and mailing address</b> COMBE INCORPORATED POST OFFICE BOX 500641 ST. LOUIS, MO 63150-0641  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$15,102.72 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	<b>Nonpriority creditor's name and mailing address</b> COMMERCIAL COLLECTION CORP.NY 34 SEYMOUR STREET PO BOX 288 TONAWANDA, NY 14150-0288  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$91.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.201	<b>Nonpriority creditor's name and mailing address</b> COMPASHIONE PHARMACY 636 NOSTRAND AVE. OSAYUWARE INC. BROOKLYN, NY 11216  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,917.80 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.202	<b>Nonpriority creditor's name and mailing address</b> COMPASS HEALTH BRANDS 921 EAST AMIDON STREET SIOUX FALLS, SD 57104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$14,909.82 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.203	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPLETE MEDICAL SUPPLIES, INC 100 ROUTE 59 SUFFERN, NY 10901</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$33,089.80</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.204	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONCORD PHARMACY 10220 ROUTE 60 GGG61 CORP FREDONIA, NY 14063</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,009.72</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.205	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONCOURSE PHARMACY 1850 GRAND CONCOURSE ELMHURST STAR PHARMACY INC BRONX, NY 10457</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,000.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.206	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONEY ISLAND CHEMIST 2384 CONEY ISLAND AVE</p> <p>BROOKLYN, NY 11223</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$70.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.207	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CO-OP POWER, INC. ATTN: DINA GAVIANI 44 WEST TAYLOR AVENUE HAMILTON, NJ 08610</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$463.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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		Amount of claim
3.208	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COPILOT PROVIDER SUPPORT SERVI 1981 MARCUS AVENUE LAKE SUCCESS, NY 11042</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$37,500.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.209	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CORAM DRUGS INC. 3663 ROUTE 112 STORE 1 DBA YORE-X DRUG &amp; SURGICALS CORAM, NY 11727</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$545.13 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.210	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CORNER DRUG STORE 8000 OTTO ROAD GREGORY, MARLENE A. CATTARAUGUS, NY 14719</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$356.48 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.211	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COSETTE PHARMACEUTICALS, INC. 111 COOLIDGE STREET SOUTH PLAINFIELD, NJ 07080</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$15,982.12 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.212	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COSMETIC IMPORT MARKETING 2330 STATE ROUTE 11 MOOERS, NY 12958</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$379.26 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.213	<b>Nonpriority creditor's name and mailing address</b> COTTRILL'S PHARMACY 255 MAIN ST  ARCADE, NY 14009  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2.80
3.214	<b>Nonpriority creditor's name and mailing address</b> COUNTY LINE PHARMACY 1111 ROUTE 110 UNIT 11-12 P&G PHARMACY INC. EAST FARMINGDALE, NY 11735  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$398.95
3.215	<b>Nonpriority creditor's name and mailing address</b> CRESCENT DRUG CORP. 39-50 CRESCENT STREET 2ND FLOOR - SUITE D LONG ISLAND CITY, NY 11101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,707.74
3.216	<b>Nonpriority creditor's name and mailing address</b> CRESTWOOD PHARMACY 26-A PICOTTE DR. CRESTWOOD HEALTH INC. ALBANY, NY 12208  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$91.09
3.217	<b>Nonpriority creditor's name and mailing address</b> CRESTWOOD PHARMACY - 26-A PICOTTE DRIVE CRESTWOOD HEALTH INC ALBANY, NY 12208  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$171.45

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			Amount of claim
3.218	<b>Nonpriority creditor's name and mailing address</b> CROWN LABORATORIES, INC. 349 LAFE COX DRIVE JOHNSON CITY, TN 37604  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$477.60
3.219	<b>Nonpriority creditor's name and mailing address</b> CRYSTAL ROCK 6750 DISCOVERY BLVD. MABLETON, GA 30126  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.80
3.220	<b>Nonpriority creditor's name and mailing address</b> CUMBERLAND PHARMACEUTICALS 2525 WEST END AVE. SUITE 950 NASHVILLE, TN 37203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,690.12
3.221	<b>Nonpriority creditor's name and mailing address</b> CURE AND CARE DRUGS 45 REAVILLE AVENUE FLEMINGTON PHARMACY FLEMINGTON, NJ 8822  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.14
3.222	<b>Nonpriority creditor's name and mailing address</b> CURE MEDICAL 3700 NEWPORT BLVD SUITE 301 NEWPORT BEACH, CA 92663  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,542.00

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			Amount of claim
3.223	<b>Nonpriority creditor's name and mailing address</b> CUTIS PHARMA 841 WOBURN STREET WILMINGTON, MA 01887  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,854.49
3.224	<b>Nonpriority creditor's name and mailing address</b> CYPRESS PHARMACEUTICAL, INC. 135 INDUSTRIAL BLVD. MADISON, MS 39110  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,957.57
3.225	<b>Nonpriority creditor's name and mailing address</b> DAIICHI SANKYO, INC. 15 INGRAM BLVD SUITE 100 LAVERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,601.89
3.226	<b>Nonpriority creditor's name and mailing address</b> DARCO INTERNATIONAL, INC. 810 MEMORIAL BLVD. HUNTINGTON, WV 25701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738.79
3.227	<b>Nonpriority creditor's name and mailing address</b> DAUPHIN PROFESSIONAL 722 ALLEGHENY ST STE1 DAUPHIN MEDHEALTH DAUPHIN, PA 17018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.98

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			Amount of claim
3.228	<b>Nonpriority creditor's name and mailing address</b> DEBORAH & DAVID FULLER AS ADMINISTRATORS FOR THE ESTATE OF SARAH FULLER C/O LAW OFFICE OF MARK C. DEWLAND 540 N. ROUTE 73 BERLIN TOWNSHIP, NJ 08091  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.229	<b>Nonpriority creditor's name and mailing address</b> DENA NARDOLILLO, ANTHONY NARDOLILLO C/O BRIAN CUNHA & ASSOCIATES P.C. ATTN: BRIAN CUNHA, ESQ. 904 BROADWAY EAST PROVIDENCE, RI 02914  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.230	<b>Nonpriority creditor's name and mailing address</b> DEPIETRO'S PHARMACY 617 THIRD ST  DUNMORE, PA 18512  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,508.45
3.231	<b>Nonpriority creditor's name and mailing address</b> DERMALOGIX PARTNERS, INC.*** P.O. BOX 1510 SCARBOROUGH, ME 04070  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,866.00
3.232	<b>Nonpriority creditor's name and mailing address</b> DICKINSON BRANDS INC. 31 EAST HIGH STREET EAST HAMPTON, CT 06424  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,140.22



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		Amount of claim
3.233	<b>Nonpriority creditor's name and mailing address</b> DIGESTIVE CARE ONC. 1120 WIN DRIVE BETHLEHEM, PA 18017 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,592.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.234	<b>Nonpriority creditor's name and mailing address</b> DIRECT MEDS PHARMACY 345 GRAND AVENUE LEONIA, NJ 76052218 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$15.67 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.235	<b>Nonpriority creditor's name and mailing address</b> DIVINA PHARMACY 85-13 NORTHERN BLVD DIVINA FARMACIA INC. JACKSON HIEGHTS, NY 11372 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,667.63 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.236	<b>Nonpriority creditor's name and mailing address</b> DJ ORTHOPEDICS, LLC P.O. BOX 27953 NEWARK, NJ 07101 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$15,472.26 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.237	<b>Nonpriority creditor's name and mailing address</b> DJO CONSUMER 4511 W. 99TH STREET CARMEL, IN 46032 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$706.05 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page		Amount of claim
3.238	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DMR PHARMACY INC 433 KINGS HIGHWAY DBA: PHARMACY ANTEKA BROOKLYN, NY 11223</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$745.76 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.239	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOOR TO DOOR PHARMAC 259 TROY AVE REXCARE PHARMACY, INC BROOKLYN, NY 11213</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$624.70 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.240	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOT FOODS 1 DOT WAY MT. STERLING, IL 62353</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$412,742.45 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.241	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOT FOODS 1 DOT WAY MT. STERLING, IL 62353</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$66,379.51 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.242	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DR REDDY'S LABORATORIES 107 COLLEGE ROAD EAST PRINCETON, NJ 08540</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$606,474.93 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.243	<b>Nonpriority creditor's name and mailing address</b> DREAM PHCY & SURG SU 112-04 101ST AVENUE  RICHMOND HILL, NY 114191124  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.35
3.244	<b>Nonpriority creditor's name and mailing address</b> DRIP DROP HYDRATION INC 1144 65 STREET SUITE C OAKLAND, CA 94608  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.92
3.245	<b>Nonpriority creditor's name and mailing address</b> DRIVE MEDICAL SPV, LLC 99 SEAVIEW BLVD PORT WASHINGTON, NY 11050  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212,821.94
3.246	<b>Nonpriority creditor's name and mailing address</b> DRUG DEPOT CORPORATI 619 EAST 169TH ST  BRONX, NY 10456  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,607.46
3.247	<b>Nonpriority creditor's name and mailing address</b> DRUG MART 1631 YORK AVENUE FARMACIA INC. NEW YORK, NY 10028  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,743.60

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			Amount of claim
3.248	<b>Nonpriority creditor's name and mailing address</b> DUANE MORRIS, LLP (COUNSEL FOR AUROBINDO) ATTN: WAYNE A. MACK 30 S. 17TH STREET PHILADELPHIA, PA 19103-4196  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
3.249	<b>Nonpriority creditor's name and mailing address</b> DUCHESNAY USA, INC. 919 CONESTOGA RD BUILDING ONE, SUITE 203 ROSEMONT, PA 19010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,720.72
3.250	<b>Nonpriority creditor's name and mailing address</b> DUNN MEADOW LLC 340 1555 CENTER AVE, FIRST FLOOR  FORT LEE, NJ 7024  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,318.70
3.251	<b>Nonpriority creditor's name and mailing address</b> DUNN MEADOW PHARMACY 1555 CENTER AVE, 1ST FLOOR DUNN MEDAOW LLC FORT LEE, NJ 7024  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,871.07
3.252	<b>Nonpriority creditor's name and mailing address</b> DUTCHESS PHARMACY 1910 SOUTH ROAD SUITE B GLOBAL PHARMACY INC. POUGHKEEPSIE, NY 12601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.80

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			Amount of claim
3.253	<b>Nonpriority creditor's name and mailing address</b> DYNAREX CORPORATION 10 GLENSHAW ST. ORANGEBURG, NY 10962  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,666.09
3.254	<b>Nonpriority creditor's name and mailing address</b> EAST HILLS PHARMACY 310 ROSLYN RD E.H. PHARMACY INC ROSLYN HEIGHTS, NY 11577  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.85
3.255	<b>Nonpriority creditor's name and mailing address</b> ECI PHARMACEUTICALS 5311 & 5317 NW 35TH TERRACE FORT LAUDERDALE, FL 33309  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,848.23
3.256	<b>Nonpriority creditor's name and mailing address</b> EDENBRIGE PHARMACEUTICALS LLC 169 LACKAWANNA AVENUE SUITE 110 PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,148.04
3.257	<b>Nonpriority creditor's name and mailing address</b> EDGEWELL PERSONAL CARE LLC TIMBERLAKE CORPORATE CTR III 1350 TIMBERLAKE MANOR PKWY ST. LOUIS, MO 63141  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,801.82

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			Amount of claim
3.258	<b>Nonpriority creditor's name and mailing address</b> EGALET US INC 15 INGRAM BLVD DOCK 43 LAVERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,349.76
3.259	<b>Nonpriority creditor's name and mailing address</b> E-GLAM, INC 746 EAST CHELTEN AVE E-GLAM PHARMACY PHILADELPHIA, PA 19144  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.89
3.260	<b>Nonpriority creditor's name and mailing address</b> EISAI INC. 100 TICE BOULEVARD WOODCLIFF LAKE, NJ 07677  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237,305.05
3.261	<b>Nonpriority creditor's name and mailing address</b> ELECTRONIC OFFICE SYSTEMS P O B OX 10303 330 FAIRFIELD RD FAIRFIELD, NJ 07004-2402  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.30
3.262	<b>Nonpriority creditor's name and mailing address</b> ELEMENTS PHARMACY 3808 UNION ST STE D2 ELEMENTS PHARMACY INC FLUSHING, NY 11354  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.51

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			Amount of claim
3.263	<b>Nonpriority creditor's name and mailing address</b> ELI LILLY AND COMPANY LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610,454.28
3.264	<b>Nonpriority creditor's name and mailing address</b> ELORAC, INC. 100 FAIRWAY DR SUITE 134 VERNON HILLS, IL 60061  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,289.68
3.265	<b>Nonpriority creditor's name and mailing address</b> EMD SERONO, INC. ONE TECHNOLOGY PLACE ROCKLAND, MA 02370  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238,779.06
3.266	<b>Nonpriority creditor's name and mailing address</b> EMERSON HEALTHCARE 407 EAST LANCASTER AVE. WAYNE, PA 19087  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233,772.24
3.267	<b>Nonpriority creditor's name and mailing address</b> ENDO PHARMACEUTICALS, INC. POST OFFICE BOX 80390 WILMINGTON, DE 19880-0026  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,628.97

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			Amount of claim
3.268	<b>Nonpriority creditor's name and mailing address</b> EOS ATTN: KIMBERLY YEARICK 19 WEST 44TH STREET SUITE 811 NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,022.88
3.269	<b>Nonpriority creditor's name and mailing address</b> EPIC PHARMA, LLC 227-15 N. CONDUIT AVE. LAURELTON, NY 11413  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,329.19
3.270	<b>Nonpriority creditor's name and mailing address</b> ERIE PHARMACY 60 FINN ROAD SUITE B ERIE CANAL LLC HENRIETTA, NY 14467  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.92
3.271	<b>Nonpriority creditor's name and mailing address</b> ESSENTIAL MEDICAL 6420 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,216.65
3.272	<b>Nonpriority creditor's name and mailing address</b> ET BROWNE DRUG CO. 440 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,961.22



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			Amount of claim
3.273	<b>Nonpriority creditor's name and mailing address</b> ETHEX CORPORATION ONE CORPORATE WOODS DRIVE BRIDGETON, MO 63044  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.274	<b>Nonpriority creditor's name and mailing address</b> EVERIDIS ATTN: CHRIS BECKER 2900 BRANNON AVENUE ST. LOUIS, MO 63139  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,821.60
3.275	<b>Nonpriority creditor's name and mailing address</b> EVERS PHARMACY 142-02 ROCKAWAY BLVD EVERS PHARMACY INC. JAMAICA, NY 11436  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.98
3.276	<b>Nonpriority creditor's name and mailing address</b> EXACT-RX, INC. 105 BAYLIS ROAD MELVILLE, NY 11747  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,408.80
3.277	<b>Nonpriority creditor's name and mailing address</b> EXEGI PHARMA LLC 155 GIBBS ST ROCKVILLE, MD 20850  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$932.40

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3.278	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXELTIS USA INC ONE MAIN STREET SUITE 203 CHATHAM, NJ 07928</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$66,889.21</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.279	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPEDITE CARE PHARMA 2283 NOSTRAND AVE.  BROOKLYN, NY 11210</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$37.76</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.280	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPEDITE PRODUCTS 9216 PALM RIVER ROAD SUITE 203 TAMPA, FL 33619</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$144.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.281	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FAIRPORT PHARMACY 650 WHITNEY RD SUITE K ATC CARE LLC FAIRPORT, NY 14450</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$888.17</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.282	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FALCON EXPRESS + COURIER 947 UNDERWOOD ROAD OLYPHANT, PA 18447</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$777.80</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.283	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FALCONER PHARMACY, INC. 202 W. MAIN STREET FALCONER, NY 14733</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$21.12 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.284	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FAMILY MEDICAL PHARM 120 PLAZA DRIVE ATTN SUPERVISING PHARMACIST WILLIAMSVILLE, NY 14221</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,603.83 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.285	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FAMILY MEDICAL PHARMACY, INC. 120 PLAZA DRIVE ATTN SUPERVISING PHARMACIST WILLIAMSVILLE, NY 14221</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,435.53 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.286	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FAMILY PHARMACY PLUS 320 S TRANSIT ST TODAMAR, INC. LOCKPORT, NY 14094</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$534.74 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.287	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FAMILY RITE PHARMACY 2538 W ALLEGHENY AVE PHILADELPHIA, PA 19132</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$582.52 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.288	<b>Nonpriority creditor's name and mailing address</b> FEDEX P.O. BOX 371461 PITTSBURGH, PA 15250-7461  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.289	<b>Nonpriority creditor's name and mailing address</b> FERNDALE LABORATORIES, INC. 780 WEST EIGHT MILE ROAD FERNDALE, MI 48220  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.290	<b>Nonpriority creditor's name and mailing address</b> FERRING PHARMACEUTICALS INC. 4 GATEHALL DRIVE 3RD FLOOR PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291	<b>Nonpriority creditor's name and mailing address</b> FIRST AVENUE PHARMAC 1630 FIRST AVENUE NEW YORK, NY 10028  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.292	<b>Nonpriority creditor's name and mailing address</b> FIRSTLIGHT FIBER 7890 LEHIGH CROSSING VICTOR, NY 14564  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.293	<b>Nonpriority creditor's name and mailing address</b> FLATLANDS PHARMACY, 9002 FLATLANDS AVENUE  BROOKLYN, NY 11236  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.87
3.294	<b>Nonpriority creditor's name and mailing address</b> FLAVORX, INC. 9475 GERWIG ROAD COLUMBIA, MD 21046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.28
3.295	<b>Nonpriority creditor's name and mailing address</b> FLEXCON 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,005.00
3.296	<b>Nonpriority creditor's name and mailing address</b> FOAMIX PHARMACEUTICALS INC 520 U.S. HIGHWAY 22 SUITE 204 BRIDGEWATER, NJ 08807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,058.00
3.297	<b>Nonpriority creditor's name and mailing address</b> FOCUS EXPRESS MAIL PHARMACY C/O JOEL SHIGEL 57 MISTY MEADOW DRIVE RICHBORO, PA 18954  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,633.80

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			Amount of claim
3.298	<b>Nonpriority creditor's name and mailing address</b> FOCUSED CARE PHCY./K 6040 TARBELL ROAD SUITE 106 FOCUS CARE PHARMACY INC. SYRACUSE, NY 13206  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.20
3.299	<b>Nonpriority creditor's name and mailing address</b> FORSTER'S PHARMACY, INC. C/O DON & LYNN DALEY 14 BRAUNVIEW WAY ORCHARD PARK, NY 14127  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,597.60
3.300	<b>Nonpriority creditor's name and mailing address</b> FORSTER'S PHARMACY, INC. C/O DONALD S. DALY 14 BRAUNVIEW WAY ORCHARD PARK, NY 14127  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,518.33
3.301	<b>Nonpriority creditor's name and mailing address</b> FOUNDATION CONSUMER HEALTHCARE 1190 OMEGA DRIVE PITTSBURGH, PA 15205  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,909.04
3.302	<b>Nonpriority creditor's name and mailing address</b> FRANKLIN EYEWEAR 260 CHRISTOPHER COVE RIDGELAND, MS 39157  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,211.50

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			Amount of claim
3.303	<b>Nonpriority creditor's name and mailing address</b> FRESENIUS KABI USA, LLC 1501 EAST WOODFIELD ROAD SUITE 300 SCHAUMBURG, IL 60173  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,562.34
3.304	<b>Nonpriority creditor's name and mailing address</b> FRESENIUS USA MARKETING 920 WINTER STREET WALTHAM, MA 02451-1457  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,414.40
3.305	<b>Nonpriority creditor's name and mailing address</b> FRESENIUS USA MARKETING INC. P.O. BOX 414796 BOSTON, MA 02241  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,949.88
3.306	<b>Nonpriority creditor's name and mailing address</b> FREWSBURG PHARMACY 26 W. MAIN ST PO BOX 503 PROFESSIONAL COMMUNITY PHCY'S, INC FREWSBURG, NY 14738  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,154.85
3.307	<b>Nonpriority creditor's name and mailing address</b> FRIENDLY PHARMACY 495 A BEACH 20TH STREET VISHNEV PHARMACY CORP FAR ROCKAWAY, NY 11691  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.60

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			Amount of claim
3.308	<b>Nonpriority creditor's name and mailing address</b> FRONTIER P.O. BOX 740407 CINCINNATI, OH 45274  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,450.04
3.309	<b>Nonpriority creditor's name and mailing address</b> FTI CONSULTING, INC. 214 NORTH TRYON STREET SUITE 1900 CHARLOTTE, NC 28202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.310	<b>Nonpriority creditor's name and mailing address</b> FUSION APOTHECARY LL 1158 2ND AVE  NEW YORK, NY 10065  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.54
3.311	<b>Nonpriority creditor's name and mailing address</b> FUTURE PHARMACY 979 RT 9 NORTH  HOWELL, NJ 7731  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,529.38
3.312	<b>Nonpriority creditor's name and mailing address</b> GALDERMA LABORATORIES, INC. ORDER DEPARTMENT 14501 N. FREEWAY FORT WORTH, TX 76177  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,788.56



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			Amount of claim
3.313	<b>Nonpriority creditor's name and mailing address</b> GALDERMA LABS 14501 NORTH FREEWAY FORT WORTH, TX 76177  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,757.47
3.314	<b>Nonpriority creditor's name and mailing address</b> GARRY MROZEK 8303 MISTY RIDGE TRAIL POLAND, OH 44514  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.315	<b>Nonpriority creditor's name and mailing address</b> GARY'S WORLD OF WELL 4 W. MOUNT KIRK AVE WHATS THE BIG DEAL INC EAGLEVILLE, PA 19403  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.87
3.316	<b>Nonpriority creditor's name and mailing address</b> GATES CHILI CENTRAL SCHOOL VIRGINIA IGNATOWSKI, RECEIVER 3 SPARTAN WAY ROCHESTER, NY 14624  <b>Date or dates debt was incurred</b> 9/18/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SCHOOL TAXES - NOTICE PURPOSES ONLY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.317	<b>Nonpriority creditor's name and mailing address</b> GEISS, DESTIN + DUNN 725 HIGHWAY 74 SOUTH PEACHTREE, GA 30269  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,691.80

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		Amount of claim
3.318	<b>Nonpriority creditor's name and mailing address</b> GENENTECH, USA. POST OFFICE BOX 2406 SOUTH SAN FRANCISCO, CA 94080  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$16,437.93 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.319	<b>Nonpriority creditor's name and mailing address</b> GENESEE CAMPUS APOTH 89 GENESEE STREET PARK RIDGE APOTHECARY INC ROCHESTER, NY 14611  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,294.21 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.320	<b>Nonpriority creditor's name and mailing address</b> GERI-CARE PHARMACEUTICALS 1650 63RD ST BROOKLYN, NY 11204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$2,643.29 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.321	<b>Nonpriority creditor's name and mailing address</b> GEROULDS PROF PHARM 130 SOUTH MAIN STREET P.O. BOX 4067 ELMIRA, NY 14904  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$21,541.72 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.322	<b>Nonpriority creditor's name and mailing address</b> GILEAD SCIENCES, INC. 353 LAKESIDE DRIVE FOSTER CITY, CA 94404  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$7,738,955.85 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.323	<b>Nonpriority creditor's name and mailing address</b> GLAXO WELCOME ATTN: ANDREW PECK MAILSTOP NY0300 5 CRESCENT DRIVE PHILADELPHIA, PA 19112  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,030,182.42
3.324	<b>Nonpriority creditor's name and mailing address</b> GLAXOSMITHKLINE ATTN: ANN MARIE POST OFFICE BOX 640067 PITTSBURGH, PA 15264-0067  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,382.77
3.325	<b>Nonpriority creditor's name and mailing address</b> GLENMARK PHARMACEUTICALS 750 CORPORATE DRIVE MAHWAH, NJ 07430  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174,514.17
3.326	<b>Nonpriority creditor's name and mailing address</b> GLOBAL HEALTH PRODUCTS, INC. 1099 JAY ST. SUITE E ROCHESTER, NY 14611  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$433.32
3.327	<b>Nonpriority creditor's name and mailing address</b> GOJO INDUSTRIES ONE GOJO PLAZA SUITE 500 AKRON, OH 44311  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,396.87

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			Amount of claim
3.328	<b>Nonpriority creditor's name and mailing address</b> GOLDEN TECHNOLOGIES ATTN: SHERMAN MEAD 401 BRIDGE STREET OLD FORGE, PA 18518  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,579.71
3.329	<b>Nonpriority creditor's name and mailing address</b> GOOD LIFE PHARMACY I 2366 GRAND CONCOURSE  BRONX, NY 10458  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.49
3.330	<b>Nonpriority creditor's name and mailing address</b> GRACE POINT PHARMACY 6035 CASTOR AVE  PHILADELPHIA, PA 19149  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.79
3.331	<b>Nonpriority creditor's name and mailing address</b> GRAND CARE PHARMACY 6656 GRAND AVE PHARMACY DEPT. MASPETH, NY 11378  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.34
3.332	<b>Nonpriority creditor's name and mailing address</b> GREENBERG TAURIG LLP MET LIFE BUILDING 200 PARK AVE NEW YORK, NY 10166  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,659.00

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			Amount of claim
3.333	<b>Nonpriority creditor's name and mailing address</b> GREENDYKE JENCIK + ASSOC. PLLC 110 C LINDEN OAKS ROCHESTER, NY 14625  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,875.00
3.334	<b>Nonpriority creditor's name and mailing address</b> GREENE COMMUNITY PHA 702 FULTON STREET VVS PHARMACY INC. BROOKLYN, NY 11217  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,317.10
3.335	<b>Nonpriority creditor's name and mailing address</b> GREENSTONE LTD. 1855 SHELBY OAKS DRIVE NORTH MEMPHIS, TN 38134  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375,145.52
3.336	<b>Nonpriority creditor's name and mailing address</b> GREENWOOD BRANDS, LLC 4455 GENESEE ST BUFFALO, NY 14225  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,640.64
3.337	<b>Nonpriority creditor's name and mailing address</b> GUARDIAN LABORATORIES ATTN: ROB RUBINGER 230 MARCUS BLVD. PO BOX 18050 HAUPPAUGE, NY 11788  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991.44

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			Amount of claim
3.338	<b>Nonpriority creditor's name and mailing address</b> GUIDEPOST SOLUTIONS, LLC 415 MADISON AVE, 11TH FLOOR NEW YORK, NY 10017  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,798.75
3.339	<b>Nonpriority creditor's name and mailing address</b> GULSHAN PHARMACY 509 RALPH AVE  BROOKLYN, NY 11233  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.17
3.340	<b>Nonpriority creditor's name and mailing address</b> HAGER PHARMA, INC. 441 19TH STREET SE HICKORY, NC 28602  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,554.88
3.341	<b>Nonpriority creditor's name and mailing address</b> HALJAY DRUG CO. INC. 333 LONG BEACH RD  ISLAND PARK, NY 11558  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.96
3.342	<b>Nonpriority creditor's name and mailing address</b> HAMACHER RESOURCE GROUP 8801 W. HEATHER AVENUE MILWAUKEE, WI 53224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,290.00

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			Amount of claim
3.343	<b>Nonpriority creditor's name and mailing address</b> HANCOCK PHARMACY V L 644 MAIN ST  MIDDLETOWN, CT 6457  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.27
3.344	<b>Nonpriority creditor's name and mailing address</b> HAPPY CARE PHARMACY, 136-89 37TH AVENUE  FLUSHING, NY 11354  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,381.54
3.345	<b>Nonpriority creditor's name and mailing address</b> HARLEM CARE PHARMACY 165 W 127TH ST SEVEN HILLS DRUGS INC NEW YORK, NY 10027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,799.82
3.346	<b>Nonpriority creditor's name and mailing address</b> HARLEM COMMUNITY PHA 67 WEST 137TH STREET HARLEM STAR PHARMACY INC NEW YORK, NY 10037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,822.39
3.347	<b>Nonpriority creditor's name and mailing address</b> HARLEM PHARMACY & SU 531 LENOX AVE LENOX STAR PHARMACY INC NEW YORK, NY 10037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,949.91

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			Amount of claim
3.348	<b>Nonpriority creditor's name and mailing address</b> HARRIS PHARMACEUTICALS/DDN 9090 PARK ROYAL DR FT MYERS, FL 33908  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,865.97
3.349	<b>Nonpriority creditor's name and mailing address</b> HARRY'S PHARMACY & S 333 SOUTH BROADWAY  HICKSVILLE, NY 11801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,398.50
3.350	<b>Nonpriority creditor's name and mailing address</b> HARTER, SECREST + EMERY, LLP 1600 BAUSCH & LOMB PLACE ROCHESTER, NY 14604  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.351	<b>Nonpriority creditor's name and mailing address</b> HARVEYS MED CTR OF S 833 E GENESEE ST  SYRACUSE, NY 13210  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.45
3.352	<b>Nonpriority creditor's name and mailing address</b> HARVEY'S MEDICAL CENTER OF SYRACUSE NY A/K/A HARVEY'S MEDICAL CENTER C/O GARY BROTHERS 5818 INNSBRUCK ROAD EAST SYRACUSE, NY 13057  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,633.80



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			Amount of claim
3.353	<b>Nonpriority creditor's name and mailing address</b> HEALTH CARE LOGISTICS P.O. BOX 25 CIRCLEVILLE, OH 43113-0025  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$520.18
3.354	<b>Nonpriority creditor's name and mailing address</b> HEALTH FIRST PHARMAC 1195 ROUTE 70 / STE 1006 GHLT, LLC LAKEWOOD, NJ 8701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,577.13
3.355	<b>Nonpriority creditor's name and mailing address</b> HEALTH FIRST PHARMAC 600 ATLANTIC CITY BLVD.  BEACHWOOD, NJ 8722  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,122.95
3.356	<b>Nonpriority creditor's name and mailing address</b> HEALTH PLUS 13837 MAGNOLIA AVE. CHINO, CA 91710  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,544.48
3.357	<b>Nonpriority creditor's name and mailing address</b> HEALTHCARE PHARMACY 567 COURTLANDT AVENUE ARYA PHARMACY CORP. BRONX, NY 10451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,802.72

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			Amount of claim
3.358	<b>Nonpriority creditor's name and mailing address</b> HERITAGE PHARMACEUTICALS 105 FIELDCREST AVENUE SUITE 100 EDISON, NJ 08837  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,660.35
3.359	<b>Nonpriority creditor's name and mailing address</b> HERITAGE PHARMACY & 2258 ADAM CLAYTON POWELL JR BLVD HERITAGE PHARMACY & SURGICAL SUPPLY NEW YORK, NY 10027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,258.46
3.360	<b>Nonpriority creditor's name and mailing address</b> HIGHLANDER EQUIPMENT COMPANY 110 CLYDE ROAD SOMERSET, NJ 08873  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,356.27
3.361	<b>Nonpriority creditor's name and mailing address</b> HIKMA PHARMACEUTICALS BRAND 246 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,903.82
3.362	<b>Nonpriority creditor's name and mailing address</b> HIKMA PHARMACEUTICALS USA INC 200 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,268.50

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			Amount of claim
3.363	<b>Nonpriority creditor's name and mailing address</b> HILL + MARKES P.O. BOX 7 AMSTERDAM, NY 12010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,841.53
3.364	<b>Nonpriority creditor's name and mailing address</b> HILLESTAD PHARMACEUTICALS DIALYVITE DIVISION 178 U.S. HIGHWAY 51 NORTH WOODRUFF, WI 54568-9501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.72
3.365	<b>Nonpriority creditor's name and mailing address</b> HLS THERAPEUTICS (USA), INC. 919 CONESTOGA RD BUILDING 3, SUITE 310 ROSEMONT, PA 19010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,596.09
3.366	<b>Nonpriority creditor's name and mailing address</b> HOLLISTER INC. 2000 HOLLISTER DR. LIBERTYVILLE, IL 60048  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,226.59
3.367	<b>Nonpriority creditor's name and mailing address</b> HOLMESBURG PHARMACY 8039 FRANKFORD AVE NEFF DRUGS 23 LLC PHILADELPHIA, PA 19136  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.58

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			Amount of claim
3.368	<b>Nonpriority creditor's name and mailing address</b> HOMESTEAD PHARMACY 601 BROADWAY HOMESTEAD PHARMACY INC LONG BRANCH, NJ 7740  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.00
3.369	<b>Nonpriority creditor's name and mailing address</b> HORIZON MEDICINES LLC 29667 NETWORK PL CHICAGO, IL 60673-1296  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,054,910.06
3.370	<b>Nonpriority creditor's name and mailing address</b> HORIZON PHARMA USA, INC. 28578 NETWORK PLACE CHICAGO, IL 60673  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$921,585.00
3.371	<b>Nonpriority creditor's name and mailing address</b> HORIZON RIDGE CLINIC 904 PROSPECT AVENUE CONTRACT 904 PRSPECT BOCA 4155 BRONX, NY 10459  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,512.29
3.372	<b>Nonpriority creditor's name and mailing address</b> HR PHARMACEUTICALS 2600 EASTERN BLVD SUITE 201 YORK, PA 17402  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,004.83

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			Amount of claim
3.373	<b>Nonpriority creditor's name and mailing address</b> HUDSON PHARMACY CORP 65-08 ROOSEVELT AVENUE  WOODSIDE, NY 11377  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$567.13
3.374	<b>Nonpriority creditor's name and mailing address</b> HULMEVILLE RD PHARMA 3554 HULMEVILLE RD, STE 108  BENSALEM, PA 19020  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.03
3.375	<b>Nonpriority creditor's name and mailing address</b> HUMCO HOLDING GROUP, INC. 7400 ALUMAX DRIVE TEXARKANA, TX 75501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,969.01
3.376	<b>Nonpriority creditor's name and mailing address</b> HURON CONSULTING SERVICES LLC 1166 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.377	<b>Nonpriority creditor's name and mailing address</b> HYLAND'S INC. ATTN: LATTIMORE 210 W. 131 ST. LOS ANGELES, CA 90061  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,495.68

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		Amount of claim
3.378	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HYMAN, PHELPS + MCNAMARA, P.C. 700 THIRTEENTH STREET, N.W. SUITE 1200 WASHINGTON, DC 20005-5929</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$32,545.73 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.379	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IBSA PHARMA, INC 8 CAMPUS DRIVE, SUITE 201 PARSIPPANY, NJ 07054</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,839.54 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.380	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ICM DISTRIBUTING COMPANY 1755 ENTERPRISE PARKWAY SUITE 200 TWINSBURG, OH 44087-2277</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,286.26 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.381	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IDEAL MARKETPLACE PH 85 ACKERMAN AVE SVI PHARMA LLC CLIFTON, NJ 7011</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,219.04 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.382	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IDELLE LABS ATTN: RYAN TONIES 1 HELEN OF TROY PLAZA EL PASO, TX 79912</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,846.24 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.383	<b>Nonpriority creditor's name and mailing address</b> I-HEALTH, INC. ATTN: EDI- SHANNON 55 SEBETHE DRIVE CROMWELL, CT 06416  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,351.99
3.384	<b>Nonpriority creditor's name and mailing address</b> IMPLUS FOOTCARE, LLC 2001 TW ALEXANDER DR BOX 13925 DURHAM, NC 27709  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,428.16
3.385	<b>Nonpriority creditor's name and mailing address</b> IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION - OHIO MULTIDISTRICT LOCATION C/O NAPOLI SHKOLNIK PLLC ATTN: PAUL J. NAPOLI, ESQ. 400 BROADHOLLOW ROAD, SUITE 305 MELVILLE, NY 11747  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.386	<b>Nonpriority creditor's name and mailing address</b> INGENUS PHARMACEUTICALS 4190 MILLENIA BLVD ORLANDO, FL 32839  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,557.95
3.387	<b>Nonpriority creditor's name and mailing address</b> INST FOR FAM HLTH/88 1695 FIRST AVENUE 88 ST PHARMACY NEW YORK, NY 10128  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$502.56

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			Amount of claim
3.388	<b>Nonpriority creditor's name and mailing address</b> INST FOR FAM HTH /FM 101 CANAL STREET MATTHEWS PHARMACY - CONTR. PHCY ELLENVILLE, NY 12428  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,355.71
3.389	<b>Nonpriority creditor's name and mailing address</b> INVACARE CORPORATION P.O. BOX 824056 PHILADELPHIA, PA 19182-4056  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,082.10
3.390	<b>Nonpriority creditor's name and mailing address</b> IRISYS LLC ATTN: KATHERINE 32 WEST HAMDEN RD. CRANSTON, RI 02920  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,975.68
3.391	<b>Nonpriority creditor's name and mailing address</b> I-RUNNER 7271 MAYFLOWER PARK DRIVE ZIONSVILLE, IL 46077  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.79
3.392	<b>Nonpriority creditor's name and mailing address</b> ITX CORP. 1169 PITTSFORD VICTOR ROAD SUITE 100, BUILDING 3 PITTSFORD, NY 14534  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,468.75



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			Amount of claim
3.393	<b>Nonpriority creditor's name and mailing address</b> J H LEASE DRUG CO 229 N. ELLSWORTH AVE  SALEM, OH 44460  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.80
3.394	<b>Nonpriority creditor's name and mailing address</b> J+J SALES + LOGISTICS CO. ATTN: MIKE PORSCHE PO BOX 15670 NEW BRUNSWICK, NJ 08906-5670  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,754.82
3.395	<b>Nonpriority creditor's name and mailing address</b> JAMAICA PHARMACY 8924 163RD ST SEY DRUGS INC JAMAICA, NY 11432  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,788.63
3.396	<b>Nonpriority creditor's name and mailing address</b> JAMOL LABORATORIES 13 ACKERMAN AVE EMERSON, NJ 07630  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,258.48
3.397	<b>Nonpriority creditor's name and mailing address</b> JANSSEN PHARMACEUTICA, L.P. P.O. BOX 200 TITUSVILLE, NJ 08560  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,399,924.06

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3.398	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JEFFREY A. KYLE, POLLY KYLE C/O COUGHLIN, RAINBOTH, MURPHY &amp; LOWN ATTN: MICHAEL P. RAINBOTH, ESQ. 439 MIDDLE STREET PORTSMOUTH, NH 03801</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>UNKNOWN</p>
3.399	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOE CIRRINCIONE 696 SENECA RD MEADVILLE, PA 16335</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$24.64</p>
3.400	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOERNS HEALTHCARE, LLC 5001 JOERNS DRIVE STEVENS POINT, WI 54481-5040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$1,063.00</p>
3.401	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHN G. KYLE INC. P.O. BOX 495 NORWALK, CT 06856</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$1,160.04</p>
3.402	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON CONTROLS FIRE PROTECTION LP DEPT. CH 10320 PALATINE, IL 60055-0320</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$201.52</p>

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3.403	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON'S VILLAGE PH 99 EAST CHAUTAUQUA STREET SUITE 3 MAYVILLE, NY 14757</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$752.60 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.404	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JUAN P. SALCEDO AND ALEXANDRA PUJOLS C/O LAW OFFICE OF ROBERT H. BRENT, ESQ., P.C. ATTN: ROBERT H. BRENT, ESQ. 71-50 AUSTIN STREET, SUITE 102 FOREST HILLS, NY 11375</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.405	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JUST HERE PHARMACY I 2859 N. 22ND ST. JUST HERE II, LLC PHILADELPHIA, PA 19132</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$870.03 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.406	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAO USA INC. ATTN: AMY SCHMITZ 2535 SPRING GROVE AVENUE CINCINNATI, OH 45214</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$7,404.86 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.407	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAZ, INCORPORATED 1 HELEN OF TROY PLAZA EL PASO, TX 79912</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$23,039.01 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.408	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KERYX BIOPHARMACEUTICALS 15 INGRAM BLVD LA VERGNE, TN 37086</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$28,272.58 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.409	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KHAN PHARMACY, INC. C/O MASOOD KHAN 2540 GOSLING ROAD PLANO, TX 76075</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$20,727.60 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.410	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KIMBERLY CLARK INC. POST OFFICE BOX 905216 CHARLOTTE, NC 28290-5216</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$12,718.45 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.411	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KINGSTON PHARMACY-KI 516 BROADWAY KINGSTON CHEMISTS INC. KINGSTON, NY 12401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$602.04 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.412	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KINNEY DRUGS (01) 17 CLINTON STREET  GOUVERNEUR, NY 13642</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,987.73 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.413	<b>Nonpriority creditor's name and mailing address</b> KINNEY DRUGS (70) 1226 US HIGHWAY 11 DBA HEALTH DIRECT PHCY SERVICE GOUVERNEUR, NY 13642  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.78
3.414	<b>Nonpriority creditor's name and mailing address</b> KONICA MINOLTA BUSINESS P.O. BOX 101238 ATLANTA, GA 30392  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
3.415	<b>Nonpriority creditor's name and mailing address</b> KONICA MINOLTA BUSINESS SOLUTIONS USA INC. DEPT CH 19188 PALATINE, IL 60055-9188  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,403.00
3.416	<b>Nonpriority creditor's name and mailing address</b> KONSYL PHARMACEUTICALS ATTN: ALAN SPICHER 8050 INDUSTRIAL PARKWAY EASTON, MD 21601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.22
3.417	<b>Nonpriority creditor's name and mailing address</b> KOWA PHARMACEUTICALS INC. 530 INDUSTRIAL PARK BLVD. MONTGOMERY, AL 36117  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,168.92

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3.418	<b>Nonpriority creditor's name and mailing address</b> KT HEALTH LLC 584 EAST 1100 S SUITE 4 AMERICAN FORK, UT 84003  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.419	<b>Nonpriority creditor's name and mailing address</b> KVK OPCO, INC. 5775 LOWER YORK ROAD PO BOX 700 LAHASKA, PA 18931  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.420	<b>Nonpriority creditor's name and mailing address</b> L + R DISTRIBUTORS, INC. 88 35TH STREET BUILDING 4, 5TH FLOOR, SUITE D BROOKLYN, NY 11232  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.421	<b>Nonpriority creditor's name and mailing address</b> LA VIDA DISCOUNT PHC 2363 E ALLEGHENY AVENUE  PHILADELPHIA, PA 19134  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.422	<b>Nonpriority creditor's name and mailing address</b> LADIBUGS LLC 7900 EXCELSIOR BLVD SUITE 350 HOPKINS, MN 55343  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.423	<b>Nonpriority creditor's name and mailing address</b> LANGE PHARMACY 1 2205 NOTT STREET FREDERICK H LANGE INC SCHENECTADY, NY 12309  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.27
3.424	<b>Nonpriority creditor's name and mailing address</b> LANNETT COMPANY INC P.O. BOX 427 6140 W. EXECUTIVE DR. MEQUON, WI 53092  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,466.09
3.425	<b>Nonpriority creditor's name and mailing address</b> LANNETT COMPANY INC. 13200 TOWNSEND ROAD PHILADELPHIA, PA 19154  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,741.14
3.426	<b>Nonpriority creditor's name and mailing address</b> LAUREL LONG TERM CARE PHARMACY 173 MORGANTOWN STREET STE B UNIONTOWN, PA 15401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,859.38
3.427	<b>Nonpriority creditor's name and mailing address</b> LAUREL LONG TERM CARE PHARMACY ATTN: WALTER J. LIZZA 278 MCCLELLANDTOWN RD. LIZZA PHARMACEUTICAL INC UNIONTOWN, PA 15401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,845.62

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			Amount of claim
3.428	<b>Nonpriority creditor's name and mailing address</b> LAURENCE F. DOUD, III C/O GOTTLIEB & JANEY LLP ATTN: DAVID DINOSO, ESQ. 111 BROADWAY, SUITE 701 NEW YORK, NK 10006  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.429	<b>Nonpriority creditor's name and mailing address</b> LEADIANT BIOSCIENCES, INC 420 INTERNATIONAL BLVD SUITE 500 BROOKS, KY 40109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,801.80
3.430	<b>Nonpriority creditor's name and mailing address</b> LEADING PHARMA LLC 3-G OAK ROAD FAIRFIELD, NJ 07004  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,822.71
3.431	<b>Nonpriority creditor's name and mailing address</b> LEANIN' TREE P.O. BOX 9500 BOULDER, CO 80301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,150.98
3.432	<b>Nonpriority creditor's name and mailing address</b> LEMBERG'S PHARMACY, 191 NEPTUNE AVE. LEMBERG'S PHARMACY BROOKLYN, NY 11235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.90



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			Amount of claim
3.433	<b>Nonpriority creditor's name and mailing address</b> LENOX PHARMACY, INC. 5879 SR 92 SUITE 3 LENOX PLAZA KINGSLEY, PA 18826  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,644.38
3.434	<b>Nonpriority creditor's name and mailing address</b> LEO PHARMA INC. 1 SYLVAN WAY PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,756.54
3.435	<b>Nonpriority creditor's name and mailing address</b> LEVRON, INC. D/B/A/ TITAN PHARMACY C/O CHIESA SHAHINIAN & GIANTOMASI PC ATTN: LEE VARTAN, ESQ. 11 TIMES SQUARE, 31ST FLOOR NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.436	<b>Nonpriority creditor's name and mailing address</b> LICEGUARD, LLC 590 HILLSIDE AVE. NEEDHAM, MA 02494  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.00
3.437	<b>Nonpriority creditor's name and mailing address</b> LIFESCAN, INCORPORATED P.O. BOX 391537 MOUNTAIN VIEW, CA 94043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349,458.95

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3.438	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LIL DRUG STORE PRODUCTS 9300 EARHART LANE SW CEDAR RAPIDS, IA 52404</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,966.74</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.439	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LINDEN CARE PHARMACY 130 CROSSWAYS PARK DRIVE SUITE 101 LINDEN CARE LLC (REAR DOOR) WOODBURY, NY 11797</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$571.68</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.440	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LIVE WELL PHARMACY L 2453 GRANT AVE  PHILADELPHIA, PA 19114</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$843.85</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.441	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LIZZA'S APOTHECARE PHARMACY ATTN: WALTER &amp; AMY LIZZA 173 MORGANTOWN STREET CHERRY TREE PHARMACY, INC. UNIONTOWN, PA 15401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,087.04</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.442	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LIZZA'S APOTHECARE PHARMACY ATTN: WALTER &amp; AMY LIZZA 173 MORGANTOWN STREET CHERRY TREE PHARMACY, INC. UNIONTOWN, PA 15401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,121.45</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.443	<b>Nonpriority creditor's name and mailing address</b> LOCAL RX, INC. 103-19 QUEENS BLVD. DBA: COLONY DRUGS & SURGICALS FOREST HILLS, NY 11375  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$864.29
3.444	<b>Nonpriority creditor's name and mailing address</b> LONG ISLAND CITY CHE 30-12 36TH AVE M AND S DRUGS INC LONG ISLAND CITY, NY 11106  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.36
3.445	<b>Nonpriority creditor's name and mailing address</b> LORANN OILS INCORPORATED 4518 AURELIUS ROAD POST OFFICE BOX 22009 LANSING, MI 48910  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,419.18
3.446	<b>Nonpriority creditor's name and mailing address</b> LORRAINE PHARMACY 72 LORRAINE ST LORRAINE PHARMACY INC BROOKLYN, NY 11231  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.447	<b>Nonpriority creditor's name and mailing address</b> LR LOGISTICAL SOLUTIONS 88 35TH STREET BUILDING 4, 5TH FLOOR, SUITE D BROOKLYN, NY 11232  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,590.02

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			Amount of claim
3.448	<b>Nonpriority creditor's name and mailing address</b> LUCKY VITAMIN CORPOR 8 AVENUE B DBA GARY'S WORLD OF WELLNESS LEETSDALE, PA 15056  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.19
3.449	<b>Nonpriority creditor's name and mailing address</b> LUNDBECK INC. 15 INGRAM BLVD. SUITE 100 LAVERNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,284.95
3.450	<b>Nonpriority creditor's name and mailing address</b> LUPIN PHARMACEUTIC 400 CAMPUS DRIVE SOMERSET, NJ 08873  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.451	<b>Nonpriority creditor's name and mailing address</b> LUPIN PHARMACEUTICALS, INC. 111 SOUTH CALVERT ST 21ST FLOOR BALTIMORE, MD 21202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261,882.47
3.452	<b>Nonpriority creditor's name and mailing address</b> LUSKIN, STERN + EISLER LLP ELEVEN TIMES SQUARE NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.453	<b>Nonpriority creditor's name and mailing address</b> MACLEODS PHARMA USA 666 PLAINSBORO ROAD BUILDING 200 SUITE 230 PLAINSBORO, NJ 08536  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,341.09
3.454	<b>Nonpriority creditor's name and mailing address</b> MAINPOINTE PHARMACEUTICALS 333 E. MAIN ST SUITE 200 LOUISVILLE, KY 40202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,414.83
3.455	<b>Nonpriority creditor's name and mailing address</b> MAJESTIC DRUG CO.,INC. P.O. BOX 491 4996 MAIN ST. S. FALLSBURG, NY 12779  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.00
3.456	<b>Nonpriority creditor's name and mailing address</b> MAJOR PHARMACEUTICALS ATTN: NANCY RUSSELL 17177 NORTH LAUREL PARK DRIVE SUITE 233 LIVONIA, MI 48152  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116,803.69
3.457	<b>Nonpriority creditor's name and mailing address</b> MANHATTAN ASSOCIATES P.O. BOX 405696 ATLANTA, GA 30384-5696  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,906.53

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			Amount of claim
3.458	<b>Nonpriority creditor's name and mailing address</b> MANNKIND CORPORATION 1 CASPER ST. DANBURY, CT 06810  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,123.48
3.459	<b>Nonpriority creditor's name and mailing address</b> MAR DRUG CORP 2754 3RD AVE FAMILY PHARMACY & SURG. SUPPLY BRONX, NY 10455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,399.01
3.460	<b>Nonpriority creditor's name and mailing address</b> MARIANNE PHARMACY 21159 PAINT BLVD , SUITE 1 CLARION DEVELOPMENT CORP SHIPPENVILLE, PA 16254  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,754.61
3.461	<b>Nonpriority creditor's name and mailing address</b> MARLBORO DRUG CO., I 2313 STILLWELL AVE MARLBOR DRUGS BROOKLYN, NY 11223  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.20
3.462	<b>Nonpriority creditor's name and mailing address</b> MARSH USA INC P O BOX 417724 BOSTON, MA 02241-7724  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.463	<b>Nonpriority creditor's name and mailing address</b> MARTIN DRUGS LTC 849 OLD COUNTRY ROAD  RIVERHEAD, NY 11901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,801.49
3.464	<b>Nonpriority creditor's name and mailing address</b> MAYER BROTHERS 1540 SENECA CREEK ROAD WEST SENECA, NY 14224  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.00
3.465	<b>Nonpriority creditor's name and mailing address</b> MCKEON PRODUCTS INCORPORATED ATTN: LATTIMORE 25460 GUENTHER WARREN, MI 48091  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,685.28
3.466	<b>Nonpriority creditor's name and mailing address</b> MEADVILLE MED. CTR / 404 NORTH ST MILL RUN PHARMACY - CONTR. PHCY MEADVILLE, PA 16335  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.76
3.467	<b>Nonpriority creditor's name and mailing address</b> MEDEXUS PHARMA INC. P O BOX 74008026 CHICAGO, IL 60674-8026  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$986.00

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3.468	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDICAL DEVELOPMENTS INTL 4 CARIBBEAN DRIVE SCORESBY VICTORIA 03179 AUSTRALIA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,160.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.469	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDICAL PROBIOTICS INC 34 MAIN STREET SMITHTOWN, NY 11787</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,304.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.470	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDICINE CABINET 88-28 PARSONS BLVD CONTESH, INC JAMAICA, NY 11432</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,521.04</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.471	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDISCA INC. ATTN: NADIA ZACCARDO 661 ROUTE 3 UNIT C PLATTSBURGH, NY 12901</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,069.54</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.472	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDLINE INDUSTRIES, INC. ONE MEDLINE PLACE MUNDELEIN, IL 60060-4486</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$49,082.44</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



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			Amount of claim
3.473	<b>Nonpriority creditor's name and mailing address</b> MEDPLUS-CONVATEC DEPT 169 P.O. BOX 37904 CHARLOTTE, NC 28237-7904  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,631.35
3.474	<b>Nonpriority creditor's name and mailing address</b> MEDSCRIPT PHARMACY 180-184 SUNRISE HIGHWAY MEDSCRIPT PHARMACY LLC ROCKVILLE CENTRE, NY 11570  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,101.63
3.475	<b>Nonpriority creditor's name and mailing address</b> MEDTECH PRODUCTS, INC. POST OFFICE BOX 1108 JACKSON, WY 83001-1108  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,790.46
3.476	<b>Nonpriority creditor's name and mailing address</b> MEDWAY PHARMACY, INC. ATTN: KAELYN LEE 1914 86TH ST BROOKLYN, NY 11214  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.22
3.477	<b>Nonpriority creditor's name and mailing address</b> MELISSA + DOUG P.O. BOX 590 WESTPORT, CT 06881  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,828.01

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			Amount of claim
3.478	<b>Nonpriority creditor's name and mailing address</b> MENTHOLATUM COMPANY INC. ATTN: JULIE MURPHY (EMERSON) 707 STERLING DRIVE ORCHARD PARK, NY 14127-1587  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,798.44
3.479	<b>Nonpriority creditor's name and mailing address</b> MERCER COUNTY REHAB SUPPLY INC 202 N. BROAD ST. GROVE CITY, PA 16127  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,808.08
3.480	<b>Nonpriority creditor's name and mailing address</b> MERCK + COMPANY, INC. POST OFFICE BOX 7780-3061 PHILADELPHIA, PA 19182-3061  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,992,652.49
3.481	<b>Nonpriority creditor's name and mailing address</b> MERRICK WELLNESS INC 12614 F MERRICK BLVD  JAMACIA, NY 11434  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.08
3.482	<b>Nonpriority creditor's name and mailing address</b> MERZ NORTH AMERICA 6501 SIX FORKS RD RALEIGH, NC 27615  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$730.35

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		Amount of claim
3.483	<b>Nonpriority creditor's name and mailing address</b> METHOD PHARMACEUTICALS 7333 JACK NEWELL BLVD NORTH STE 300 FORT WORTH, TX 76118  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$3,823.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.484	<b>Nonpriority creditor's name and mailing address</b> METLIFE - GROUP BENEFITS P.O. BOX 804466 KANSAS CITY, MO 64180-466  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.485	<b>Nonpriority creditor's name and mailing address</b> METRO DRUGS 134-02 JAMAICA AVENUE SREEPATHI PHARMACY JAMAICA, NY 11418  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$32,817.33 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.486	<b>Nonpriority creditor's name and mailing address</b> METRO DRUGS 3RD AVE CORP ATTN: JOSEPH TAWIL 931 LEXINGTON AVE NEW YORK, NY 10065  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,761.67 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.487	<b>Nonpriority creditor's name and mailing address</b> METRO DRUGS HOBOKEN, LLC ATTN: JOSEPH TAWIL 79 HUDSON STREET, SUITE 302 HOBOKEN, NJ 07030  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$226.15 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.488	<b>Nonpriority creditor's name and mailing address</b> METROPLAZA PHARMACY, 330 NASSAU RD  ROOSEVELT, NY 11575  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,397.49
3.489	<b>Nonpriority creditor's name and mailing address</b> MHC MEDICAL PRODUCTS, LLC 8695 SEWARD DRIVE FAIRFIELD, OH 45011  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,158.72
3.490	<b>Nonpriority creditor's name and mailing address</b> MICRO LABS USA INC 104 CARNEGIE CENTER SUITE 216 PRINCETON, NJ 08540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,011.79
3.491	<b>Nonpriority creditor's name and mailing address</b> MIDDLE NECK PHARMACY 531 MIDDLE NECK ROAD MIDDLE NECK CHEMISTS INC. GREAT NECK, NY 11023  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,410.76
3.492	<b>Nonpriority creditor's name and mailing address</b> MIDDLE VILLAGE PHARM 74-04 METROPOLITAN AVENUE  MIDDLE VILLAGE, NY 11379  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.01

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3.493	<b>Nonpriority creditor's name and mailing address</b> MIDDLETOWN PHCY & ME 877 MAIN STREET  BELFORD, NJ 7718  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$3,231.70 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.494	<b>Nonpriority creditor's name and mailing address</b> MIGUEL'S PHARMACY ATTN: VISWA MANTENA 3213 RIVER RD RIVERCARE SOLUTIONS LLC CAMDEN, NJ 08105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$3,157.71 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.495	<b>Nonpriority creditor's name and mailing address</b> MIH INTERNATIONAL LLC 112 CAPITOL TRAIL NEWARK, DE 19711  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$570.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.496	<b>Nonpriority creditor's name and mailing address</b> MILLENNIA RX 469 WEST 125TH ST MILLENNIA RX CORP NEW YORK, NY 10027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$39.81 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.497	<b>Nonpriority creditor's name and mailing address</b> MIRACLE PHARMACY INC 96-22 METROPOLITAN AVE DBA FAMILY PHARMACY FOREST HILLS, NY 11375  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$938.09 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.498	<b>Nonpriority creditor's name and mailing address</b> MISSION PHARMACAL COMPANY P.O. BOX 297931 HOUSTON, TX 77297  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.499	<b>Nonpriority creditor's name and mailing address</b> MOM ENTERPRISES, INC. 100 SMITH RANCH ROAD SUITE 330 SAN RAFAEL, CA 94903  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.500	<b>Nonpriority creditor's name and mailing address</b> MORVILLO ABRAMOWITZ GRAND IASON & ANELLO, P.C. 565 FIFTH AVENUE NEW YORK, NY 10017  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.501	<b>Nonpriority creditor's name and mailing address</b> MSB RX CORP (DG) 112-53 QUEENS BLVD FOREST DRUGS INC (DG) FOREST HILLS, NY 11375  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.502	<b>Nonpriority creditor's name and mailing address</b> MUELLER SPORTS MEDICINE, INC. ONE QUENCH DRIVE PRAIRIE DU SAC, WI 53578  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.503	<b>Nonpriority creditor's name and mailing address</b> MY FAMILY PHARMACY I 96-08 NORTHERN BLVD  CORONA, NY 11368  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.504	<b>Nonpriority creditor's name and mailing address</b> MYLAN PHARMACEUTICALS, INC. DEPT L027P PITTSBURGH, PA 15264-0027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.505	<b>Nonpriority creditor's name and mailing address</b> MYLAN SPECIALTY L.P. DEPARTMENT 01524 SAN FRANCISCO, CA 94139-1524  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.506	<b>Nonpriority creditor's name and mailing address</b> NAPO PHARMACEUTICALS 15 INGRAM BLVD LA VERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.507	<b>Nonpriority creditor's name and mailing address</b> NASSAU, SCHOHARIE, RENSSELAER, NIAGARA COUNTIES, ET AL. C/O NAPOLI SHKOLNIK PLLC ATTN: PAUL J. NAPOLI, ESQ. 400 BROADHOLLOW ROAD, SUITE 305 MELVILLE, NY 11747  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.508	<b>Nonpriority creditor's name and mailing address</b> NATURE'S ANSWER 85 COMMERCE DRIVE HAUPPAUGE, NY 11788  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,807.22
3.509	<b>Nonpriority creditor's name and mailing address</b> NATURE'S HEALTH CONNECTION 230 PLUMMER STREET CAMPTON, KY 41301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,240.00
3.510	<b>Nonpriority creditor's name and mailing address</b> NATURE'S VISION 7320 GARDEN LANE 104 PO BOX 410 PORTAGE, MI 49081-0410  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.97
3.511	<b>Nonpriority creditor's name and mailing address</b> NEIGHBORX PCY/PLEASANT VALLEY 13 NORTH AVE SUITE 1 PLEASANT VALLEY, NY 12569  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.11
3.512	<b>Nonpriority creditor's name and mailing address</b> NEILMED PHARMACEUTICALS 601 AVIATION BLVD. SANTA ROSA, CA 95403  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,484.16



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			Amount of claim
3.513	<b>Nonpriority creditor's name and mailing address</b> NEOTERIC 4880 HAVANA STREET SUITE 400 DENVER, CO 80239  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$583.55
3.514	<b>Nonpriority creditor's name and mailing address</b> NEPHRON PHARMACEUTICALS 4500 12TH STREET EXT. W. COLUMBIA, SC 29172  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,070.07
3.515	<b>Nonpriority creditor's name and mailing address</b> NEPHRO-TECH, INC. POST OFFICE BOX 16106 SHAWNEE, KA 66203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,529.50
3.516	<b>Nonpriority creditor's name and mailing address</b> NEW AMERICAN THERAPEUTICS INC 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446.18
3.517	<b>Nonpriority creditor's name and mailing address</b> NEW CLINTON PHARMACY 360 ST. PAUL ST NEW CLINTON PHARMACY LLC ROCHESTER, NY 14605  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,268.18

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		Amount of claim
3.518	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW FLUSHING PHARMAC 4207 KISSENA BLVD.  FLUSHING, NY 11355</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$500.30 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.519	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW GENESIS/MONTICELLO DRUG 2525 QUICKSILVER ROAD MCDONALD, PA 15057</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$16,369.92 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.520	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW HAVEN PHARMACY I 382 GRAND AVE  NEW HAVEN, CT 6513</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$13.40 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.521	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW JERSEY PHARMACISTS ASSOC. ATTN: DORITA ALLEN 760 ALEXANDER RD, CN 1 PRINCETON, NJ 08543-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$5,705.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.522	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW MOON PHARMACY 10914 LIBERTY AVE NEW MOON PHARMACY INC SOUTH RICHMOND HILL, NY 11419</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,758.49 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.523	<b>Nonpriority creditor's name and mailing address</b> NEW RX PHARMACY INC ATTN: YU ZHENG WANG 42-07 KISSENA BLVD FLUSHING, NY 11355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$651.24
3.524	<b>Nonpriority creditor's name and mailing address</b> NEWEGG.COM 17560 ROWLAND ST CITY OF INDUSTRY, CA 91748  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,427.06
3.525	<b>Nonpriority creditor's name and mailing address</b> NEWLANDS HEALTH INC 725 LONG LANE SOLVENCY HLTH PHCY UPPER DARBY, PA 19082  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,183.38
3.526	<b>Nonpriority creditor's name and mailing address</b> NFI CONSUMER PRODUCTS 501 FIFTH ST. BRISTOL, TN 37620  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,391.24
3.527	<b>Nonpriority creditor's name and mailing address</b> NICHE` PHARMACEUTICALS, INC. 580 COMMERCE ST. SUITE 100 SOUTHLAKE, TX 76092  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,685.20

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		Amount of claim
3.528	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NIVAGEN PHARMACEUTICALS 3100 FITE CIRCLE SUITE 208 SACRAMENTO, CA 95827</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$20,024.16 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.529	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOBLE HEALTH SERVICE 6040 TARBELL ROAD  SYRACUSE, NY 13206</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,456.35 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.530	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOHA PHARMACY, INC. 291 KNICKERBOCKER AVENUE  BROOKLYN, NY 11237</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,218.36 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.531	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTH POINT PHARMACY 370 PHILADELPHIA AVENUE  CHAMBERSBURG, PA 17201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$6,163.45 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.532	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTH-WEST PHARMACY 2024 NORTH 22ND STREET  PHILADELPHIA, PA 19121</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$254.03 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.533	<b>Nonpriority creditor's name and mailing address</b> NOSTRUM LABS 505 THORNALL STREET SUITE 304 EDDISON, NJ 08837  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,349.98
3.534	<b>Nonpriority creditor's name and mailing address</b> NOVA MEDICAL PRODUCTS 1470 BEACHY PLACE CARSON, CA 90746  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,502.70
3.535	<b>Nonpriority creditor's name and mailing address</b> NOVADOZ PHARMACEUTICALS 20 DUKE ROAD SUITE 4 PISCATAWAY, NJ 08854  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,122.48
3.536	<b>Nonpriority creditor's name and mailing address</b> NOVARTIS PHARMACEUTICALS CORP. 59 ROUTE 10 EAST HANOVER, NJ 07936  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825,753.42
3.537	<b>Nonpriority creditor's name and mailing address</b> NOVEN THERAPEUTICS, LLC 15 INGRAM BLVD. LAVERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,527.89

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			Amount of claim
3.538	<b>Nonpriority creditor's name and mailing address</b> NOVITIUM PHARMA LLC 70 LAKE DRIVE EAST WINDSOR, NJ 08520  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,839.28
3.539	<b>Nonpriority creditor's name and mailing address</b> NOVO NORDISK INC. CUST 92083190014 POST OFFICE BOX 7247-7551 PHILADELPHIA, PA 19170-7551  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,697,159.76
3.540	<b>Nonpriority creditor's name and mailing address</b> NUGO NUTRITION LIFESTYLE EVOLUTION INC. 520 SECOND STREET OAKMONT, PA 15139  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,209.60
3.541	<b>Nonpriority creditor's name and mailing address</b> NUNDA FAMILY PHARMACY LLC ATTN: JEREMIAH AXTELL 12 NORTH STATE STREET P O BOX 518 NUNDA, NY 14517  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.30
3.542	<b>Nonpriority creditor's name and mailing address</b> NURSING SERVICE PRIMECARE ATTN: GENIE ALSO 310 ADAMS AVE 2ND FLOOR PRIME CARE PHARMACY SERVICES INC SCRANTON, PA 18503  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,667.05

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			Amount of claim
3.543	<b>Nonpriority creditor's name and mailing address</b> NUTRAMAX LABORATORIES, INC. 2208 LAKESIDE BLVD EDGEWOOD, MD 21040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,635.24
3.544	<b>Nonpriority creditor's name and mailing address</b> NUTRANEXT BUSINESS LLC 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,037.81
3.545	<b>Nonpriority creditor's name and mailing address</b> NY PHARMACY NETWORK 444 MERRICK RD SUITE LL5 NEW YORK NETWORK LLC LYNBROOK, NY 11563  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,846.02
3.546	<b>Nonpriority creditor's name and mailing address</b> NYS DEPT OF HEALTH 206 S. ELMWOOD AVE EVERGREEN HEALTH SERVICES, INC. BUFFALO, NY 14201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.31
3.547	<b>Nonpriority creditor's name and mailing address</b> OAKHURST COMPANY 3000 HEMPSTEAD TURNPIKE SUITE 302 LEVITTOWN, NY 11756  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,592.80

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			Amount of claim
3.548	<b>Nonpriority creditor's name and mailing address</b> OCEAN A & R PHARMACY 2806 OCEAN AVENUE OCEAN A & R PHARMACY INC BROOKLYN, NY 11229  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.88
3.549	<b>Nonpriority creditor's name and mailing address</b> OCUSOFT ATTN: LATTIMORE 301 KROESCHE RD ROSENBERG, TX 77471  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,597.20
3.550	<b>Nonpriority creditor's name and mailing address</b> OHIO PHARMACISTS ASSOCIATION 2674 FEDERATED BLVD COLUMBUS, OH 43235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,190.00
3.551	<b>Nonpriority creditor's name and mailing address</b> OHM LABORATORIES, INC. 600 COLLEGE ROAD EAST PRINCETON, NJ 08540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,162.53
3.552	<b>Nonpriority creditor's name and mailing address</b> OLYMPE PHARMACY INC 1665 NOSTRAND AVE  BROOKLYN, NY 11226  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$985.94



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		Amount of claim
3.553	<b>Nonpriority creditor's name and mailing address</b> OMNICELL INC 2003 GANDY BLVD NORTH SUITE 800 ST. PETERSBURG, FL 33702  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.554	<b>Nonpriority creditor's name and mailing address</b> OPENTEXT, INC. 1268 PAYSPIHERE CIRCLE CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.555	<b>Nonpriority creditor's name and mailing address</b> OPKO PHARMACEUTICALS 4400 BISCAYNE BLVD. MIAMI, FL 33137  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.556	<b>Nonpriority creditor's name and mailing address</b> ORA SURE TECHNOLOGIES KENCO-BP3 4309 DISTRIBUTION DRIVE CHATTANOOGA, TN 37416  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.557	<b>Nonpriority creditor's name and mailing address</b> OREXO US, INC 15 INGRAM BLVD LA VERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.558	<b>Nonpriority creditor's name and mailing address</b> OTSUKA AMERICA PHARMACEUTICAL 220 LAKE DRIVE NEWARK, DE 19702  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$789,581.16
3.559	<b>Nonpriority creditor's name and mailing address</b> OUTDOOR LIVING LLC P O BOX 495 CARLSTADT, NJ 07072  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,337.50
3.560	<b>Nonpriority creditor's name and mailing address</b> OWEN MUMFORD INC. 1755-A WEST OAK COMMONS COURT MARIETTA, GA 30062  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,709.70
3.561	<b>Nonpriority creditor's name and mailing address</b> OZ PHARMA INC. 322 E 149TH STREET DBA OZ PHARMACY BRONX, NY 10451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,625.42
3.562	<b>Nonpriority creditor's name and mailing address</b> OZ PHARMACY 322 EAST 149TH STREET RISHI PHARMACY CORP. BRONX, NY 10451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.50

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			Amount of claim
3.563	<b>Nonpriority creditor's name and mailing address</b> PALACE PHARMACY INC. 543 LENOX AVENUE DBA PALACE PHARMACY NEW YORK, NY 10037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.96
3.564	<b>Nonpriority creditor's name and mailing address</b> PALLAS GLOBAL GROUP LLC 590 MADISON AVENUE 25TH FLOOR NEW YORK, NY 10022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,730.00
3.565	<b>Nonpriority creditor's name and mailing address</b> PAMELA LANGLOIS C/O COUGHLIN, RAINBOTH, MURPHY & LOWN ATTN: MICHAEL P. RAINBOTH, ESQ. 439 MIDDLE STREET PORTSMOUTH, NH 03801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.566	<b>Nonpriority creditor's name and mailing address</b> PANTHRYX INC 5480 VALMONT RD 325 BOULDER, CO 80301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.60
3.567	<b>Nonpriority creditor's name and mailing address</b> PARI RESPIRATORY EQUIPMENT INC 13800 HULL STREET RD MIDLOTHIAN, VA 23112  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.95

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			Amount of claim
3.568	<b>Nonpriority creditor's name and mailing address</b> PARK RIDGE APOTHECARY INC ATTN: MARYLYNN DANDREA 1561 LONG POND RD SUITE 104 ROCHESTER, NY 14626  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,678.62
3.569	<b>Nonpriority creditor's name and mailing address</b> PARKWAY PHARMACY (DG 531 CHURCH AVENUE GARR PHARMACY CORP. BROOKLYN, NY 11218  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.76
3.570	<b>Nonpriority creditor's name and mailing address</b> PATIENT'S PHARMACY, 320 N MAIN ST PO BOX 170 JAMESTOWN, NY 14701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.571	<b>Nonpriority creditor's name and mailing address</b> PATRIN PHARMA P.O. BOX 1481 SKOKIE, IL 60076  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,168.90
3.572	<b>Nonpriority creditor's name and mailing address</b> PAUL DOOLEY C/O COUGHLIN, RAINBOTH, MURPHY & LOWN ATTN: MICHAEL P. RAINBOTH, ESQ. 439 MIDDLE STREET PORTSMOUTH, NH 03801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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		Amount of claim
3.573	<b>Nonpriority creditor's name and mailing address</b> PAX VAX INC FORMER CRUCCELL VACCINES INC 9600 NW 25TH ST SUITE 6F DORAL, FL 33172  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$3,755.52 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.574	<b>Nonpriority creditor's name and mailing address</b> PEDIFIX, INC. 281 FIELDS LANE BREWSTER, NY 10509  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$13,136.30 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.575	<b>Nonpriority creditor's name and mailing address</b> PENNSYLVANIA PHARMACISTS ASSOC 508 NORTH THIRD STREET HARRISBURG, PA 17101-1199  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$15,000.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.576	<b>Nonpriority creditor's name and mailing address</b> PERFECTA PRODUCTS, INC. 131 W SOUTH RANGE ROAD PO BOX 128 NORTH LIMA, OH 44452  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,506.96 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.577	<b>Nonpriority creditor's name and mailing address</b> PERIO INC. 6156 WILCOX ROAD DUBIN, OH 43016  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,405.94 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.578	<b>Nonpriority creditor's name and mailing address</b> PERNIX THERAPEUTICS 208 W. EASTBANK ST. GONZALES, LA 70737  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,588.71
3.579	<b>Nonpriority creditor's name and mailing address</b> PERRIGO ATTN: CHERI SMITH BATHGATE INDUSTRIAL PARK P.O. BOX 862 BRONX, NY 10457  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274,761.40
3.580	<b>Nonpriority creditor's name and mailing address</b> PERSON AND COVEY INCORPORATED 616 ALLEN AVENUE GLENDALE, CA 91221-5018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,182.84
3.581	<b>Nonpriority creditor's name and mailing address</b> PFIZER CONSUMER HEALTHCARE POST OFFICE BOX 26609 RICHMOND, VA 23261-6609  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,857.31
3.582	<b>Nonpriority creditor's name and mailing address</b> PGI 1268 PAYSHERE CIRCLE CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$471.10

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			Amount of claim
3.583	<b>Nonpriority creditor's name and mailing address</b> PHARMA SUPPLY, INC. ATTN: ROBERT GURECKA 3361 FAIRLANE FARMS ROAD WELLINGTON, FL 33414  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,313.30
3.584	<b>Nonpriority creditor's name and mailing address</b> PHARMACEUTICAL ASSOCIATES, INC POST OFFICE BOX 128 CONESTEE, SC 29636  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,292.23
3.585	<b>Nonpriority creditor's name and mailing address</b> PHARMACEUTICAL DIVISION OF PFI POST OFFICE BOX 100539 ATLANTA, GA 30384-0539  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$941,800.07
3.586	<b>Nonpriority creditor's name and mailing address</b> PHARMACEUTICAL SPECIALTIES, INC 1620 INDUSTRIAL DR. NW ROCHESTER, MN 55901  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,080.52
3.587	<b>Nonpriority creditor's name and mailing address</b> PHARMACY AT TRILLIUM HEALTH ATTN: MARK MALAHOSKY ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,403.84

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		Amount of claim
3.588	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHARMACY FIRST P.O. BOX 26546 SHAWNEE MISSION, KS 66225</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$61,066.56 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.589	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHARMASMART INTERNATIONAL ATTN: ASHTON MAARABA 773 ELMGROVE ROAD BUILDING 2 - BOX 5 ROCHESTER, NY 14624</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$850.82 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.590	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHARMAVITE LLC 8510 BALBOA BLVD 300 NORTHRIDGE, CA 91325</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,101.64 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.591	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHCY AT BLASDELL - N 4233 LAKE AVE NORTHWEST BFLO COM HLTH CNTR, INC BLASDELL, NY 14219</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$38.31 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.592	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHILLY DRUGSTORE 2729 NORTH FIFTH STREET  PHILADELPHIA, PA 19133</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,414.77 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



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			Amount of claim
3.593	<b>Nonpriority creditor's name and mailing address</b> PILL MILL, INC. 778 MAIN STREET P.O. BOX 350 MILLERS DRUG STORE MARGARETVILLE, NY 12455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.16
3.594	<b>Nonpriority creditor's name and mailing address</b> PILL MILL, INC. C/O FRED MILLER 778 MAIN ST. MARGARETVILLE, NY 12455  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,101.00
3.595	<b>Nonpriority creditor's name and mailing address</b> PINE BROTHERS LLC 200 CLOCKTOWER PLACE SUITE E212 CARMEL, CA 93923  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,793.60
3.596	<b>Nonpriority creditor's name and mailing address</b> PIPING ROCK HEALTH PRODUCTS 3900 VETERANS MEMORIAL HWY SUITE 200 BOHEMIA, NY 11716  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,156.98
3.597	<b>Nonpriority creditor's name and mailing address</b> PLANET RX 2813 CROPSY AVE PLANET RX LLC BROOKLYN, NY 11214  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.61

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			Amount of claim
3.598	<b>Nonpriority creditor's name and mailing address</b> PLATTSBURGH, ALBANY, SCHENECTADY, TROY COUNTIES, ET AL. C/O DREYER BOYAJIAN LLP ATTN: DAVID A. BERGER, ESQ. 111 BROADWAY #2002 NEW YORK, NY 12210  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.599	<b>Nonpriority creditor's name and mailing address</b> PNC BANK 5 GREAT VALLEY PARKWAY SUITE 200 MALVERN, PA 19355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,239.68
3.600	<b>Nonpriority creditor's name and mailing address</b> POLLOCK & BAILEY PHA 1032 FIRST AVENUE G.A.C. PHARMACY CORP NEW YORK, NY 10022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.68
3.601	<b>Nonpriority creditor's name and mailing address</b> PORTER'S PRODUCTS, INC. POST OFFICE BOX 142 COVINGTON, OH 45318  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,710.40
3.602	<b>Nonpriority creditor's name and mailing address</b> POWELL'S PHARMACY 7517 3RD AVE. BAY RIDGE PEOPLE'S PHARMACY INC. BROOKLYN, NY 11209  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$790.18

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			Amount of claim
3.603	<b>Nonpriority creditor's name and mailing address</b> PPC GROUP 520 SOUTH SEPULVEDA BLVD SUITE 400 LOS ANGELES, CA 90049  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.604	<b>Nonpriority creditor's name and mailing address</b> PRASCO LLC GENERICS 6125 COMMERCE COURT MASON, OH 45040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,436,572.53
3.605	<b>Nonpriority creditor's name and mailing address</b> PRECISION DYNAMICS CORP (PDC) 144 TOWER DRIVE BURR RIDGE, IL 60527  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,055.38
3.606	<b>Nonpriority creditor's name and mailing address</b> PRESCRIPTION VITAMINS LLC 136 EXETER ST BROOKLYN, NY 11235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.607	<b>Nonpriority creditor's name and mailing address</b> PRIME HEALTH INC. 30-15 38TH AVENUE THE CHEMIST SHOP ASTORIA, NY 11101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$677.66

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		Amount of claim
3.608	<b>Nonpriority creditor's name and mailing address</b> PRINCE OF PEACE ENTERPRISES 751 NORTH CANYONS PARKWAY LIVERMORE, CA 94551  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.609	<b>Nonpriority creditor's name and mailing address</b> PRINCIPLE BUSINESS ENTERPRISES POST OFFICE BOX 129 PINE LAKE INDUSTRIAL PARK DUNBRIDGE, OH 43414-0129  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.610	<b>Nonpriority creditor's name and mailing address</b> PRIZEL'S PHARMACY 535 MAIN ST  OLEAN, NY 14760  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.611	<b>Nonpriority creditor's name and mailing address</b> PRO FOOT, INC. 74 20TH STREET BROOKLYN, NY 11232  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.612	<b>Nonpriority creditor's name and mailing address</b> PRO+LIFE APOTHECARY CORP. ATTN: DAVID RESTREPO 1235 1ST AVENUE VITAHEALTH APOTHECARY NEW YORK, NY 10021  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.613	<b>Nonpriority creditor's name and mailing address</b> PRODIGY DIABETES CARE ATTN: NATHAN SNEAD 2701 HUTCHINSON MCDONALD RD SUITE A CHARLOTTE, NC 28269  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,334.39
3.614	<b>Nonpriority creditor's name and mailing address</b> PROFESSIONAL HOME CA 26 CONKEY AVE. PROFESSIONAL HOME CARE INC. NORWICH, NY 13815  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,644.26
3.615	<b>Nonpriority creditor's name and mailing address</b> PRO-FLEX ADMINISTRATORS LLC 8321 MAIN STREET WILLIAMSVILLE, NY 14221  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.616	<b>Nonpriority creditor's name and mailing address</b> PROFOUND LOGIC SOFTWARE P.O. BOX 715529 COLUMBUS, OH 43271-5529  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,997.19
3.617	<b>Nonpriority creditor's name and mailing address</b> PRUDENTIAL GROUP INSURANCE P.O. BOX 101241 ATLANTA, GA 30392-1241  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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			Amount of claim
3.618	<b>Nonpriority creditor's name and mailing address</b> PSSNY 210 WASHINGTON AVE EXTENSION ALBANY, NY 12203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,090.00
3.619	<b>Nonpriority creditor's name and mailing address</b> PTL ENTERPRISES 1830 SW 2ND STREET POMPANO BEACH, FL 33069  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,876.07
3.620	<b>Nonpriority creditor's name and mailing address</b> PURDUE FREDERICK COMPANY P.O. BOX 910668 DALLAS, TX 75391-0668  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,251.40
3.621	<b>Nonpriority creditor's name and mailing address</b> QUAGEN PHARMACEUTICALS 11 PATTON DRIVE WEST CALDWELL, NJ 07006  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.28
3.622	<b>Nonpriority creditor's name and mailing address</b> QUEENS DRUG AND SURG 146 - 14 JAMAICA AVENUE  JAMAICA, NY 11435  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.63

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			Amount of claim
3.623	<b>Nonpriority creditor's name and mailing address</b> QUEST PRODUCTS 8201 104TH STREET PLEASANT PRAIRIE, WI 53158  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,224.80
3.624	<b>Nonpriority creditor's name and mailing address</b> QUINN PHARMACEUTICAL LLC 7451 WILES ROAD SUITE 201 CORAL SPRINGS, FL 33067  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,994.40
3.625	<b>Nonpriority creditor's name and mailing address</b> R DRUGS ETC, INC 222 ALEXANDER STREET SUITE 2700 ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,728.83
3.626	<b>Nonpriority creditor's name and mailing address</b> R&H PHARMACY INC. 1645 JERICHO TURNPIKE SUITE 102 DBA R&H PHARMACY NEW HYDE PARK, NY 11040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.88
3.627	<b>Nonpriority creditor's name and mailing address</b> R. W. LINDSAY, INC. 581 ROCK BEACH RD. ROCHESTER, NY 14651-7133  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.80

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			Amount of claim
3.628	<b>Nonpriority creditor's name and mailing address</b> R.G. MEDICAL 28351 BECK ROAD SUITE G5 WIXOM, MI 48393  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,827.76
3.629	<b>Nonpriority creditor's name and mailing address</b> RAAB PHARMACEUTICALS 1400 PARKWAY AVE STE A2 HOME TOWNE RX STORE 1 EWING, NJ 8628  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,349.51
3.630	<b>Nonpriority creditor's name and mailing address</b> RAAB PHARMACY 359 PENNINGTON AVE STE 8 RAAB PHARMACEUTICALS LLC TRENTON, NJ 8618  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.38
3.631	<b>Nonpriority creditor's name and mailing address</b> RADWELL INTERNATIONAL, INC 1 MILLENNIUM DRIVE WILLINGBORO, NJ 08046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.60
3.632	<b>Nonpriority creditor's name and mailing address</b> RANBAXY PHARMACEUT 9431 FLORIDA MINING BLVD. E. JACKSONVILLE, FL 32257  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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3.633	<b>Nonpriority creditor's name and mailing address</b> RB HEALTH U.S.LLC MORRIS CORP CENTER 4 PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.634	<b>Nonpriority creditor's name and mailing address</b> RECKITT BENCKISER INC MORRIS CORP. CENTER 4 399 INTERPACE PARKWAY PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.635	<b>Nonpriority creditor's name and mailing address</b> RECKITT BENKISER / INDIVIOR 420 INTERNATIONAL BLVD STE 500 BROOKS, KY 40109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.636	<b>Nonpriority creditor's name and mailing address</b> REESE PHARMACEUTICAL COMPANY P.O. BOX 1957 CLEVELAND, OH 44106  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.637	<b>Nonpriority creditor's name and mailing address</b> RELIABLE 1 LABORATORIES 99 WEST HAWTHORNE AVE SUITE 610 VALLEY STREAM, NY 11580  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.638	<b>Nonpriority creditor's name and mailing address</b> RENEW LIFE 8285 BRYAN DAIRY ROAD SUITE 175 LARGO, FL 33777  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$488.40
3.639	<b>Nonpriority creditor's name and mailing address</b> RESPIRONICS, INC. ATTN: KATHLEEN MCDONOUGH 908 POMPTON AVENUE CEDAR GROVE, NJ 07009-1292  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,183.32
3.640	<b>Nonpriority creditor's name and mailing address</b> REUNION PHAR & MED E 877 MAIN STREET REUNIONRX LLC BELFORD, NJ 7718  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.42
3.641	<b>Nonpriority creditor's name and mailing address</b> REVLON CONSUMER PRODUCTS ATTN: LIZA ROSS BEAUTY CARE DIVISION 1111 E. SOUTH RIVER STREET APPLETON, WI 54915  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,681.99
3.642	<b>Nonpriority creditor's name and mailing address</b> REX PHARMACY 119-01 ROCKAWAY BLVD FAUZIA & MAHER, INC SOUTH OZONE PARK, NY 11420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,287.34

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			Amount of claim
3.643	<b>Nonpriority creditor's name and mailing address</b> RG+E 89 EAST AVENUE ROCHESTER, NY 14649  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,527.73
3.644	<b>Nonpriority creditor's name and mailing address</b> RHODES PHARMA LP 498 WASHINGTON ST COVENTRY, RI 02816  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,627.91
3.645	<b>Nonpriority creditor's name and mailing address</b> RHODES PHARMACEUTICAL LP 4701 PURDUE DR W PURDUE PHARMACEUTICALS WILSON, NC 27893  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,675.60
3.646	<b>Nonpriority creditor's name and mailing address</b> RISING PHARMACEUTICALS 4580 S MENDENHALL ROAD MEMPHIS, TN 38141-6700  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,538.95
3.647	<b>Nonpriority creditor's name and mailing address</b> RITEWAY PHARMACY 239B EAST 149TH STREET RITEWAY PHARMACY & FOOD HOUSE INC BRONX, NY 10451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.62

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			Amount of claim
3.648	<b>Nonpriority creditor's name and mailing address</b> RLC LABS 28248 N. TATUM BLVD. SUITE B1-629 CAVE CREEK, AZ 85331  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,976.14
3.649	<b>Nonpriority creditor's name and mailing address</b> ROCHE DIABETES CARE INC PATIENT CARE SYSTEMS DIV. POST OFFICE BOX 75390 CHICAGO, IL 60675-5390  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,716.43
3.650	<b>Nonpriority creditor's name and mailing address</b> ROCK HILL PHARMACY 253 ROCK HILL DRIVE P.O. BOX 777 (SDJA CORPORATION) ROCK HILL, NY 12775  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.28
3.651	<b>Nonpriority creditor's name and mailing address</b> ROYAL DRUGS LLC 5936 LANSLOWNE AVE  PHILADELPHIA, PA 19151  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,562.59
3.652	<b>Nonpriority creditor's name and mailing address</b> RUGBY LABORATORIES ATTN: NANCY RUSSELL 17177 NORTH LAUREL PARK DRIVE SUITE 233 LIVONIA, MI 48152  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230,447.24

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			Amount of claim
3.653	<b>Nonpriority creditor's name and mailing address</b> RXC ACQUISITION COMPANY 75 ARLINGTON ST. SUITE 500 BOSTON, MA 02116  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,310.80
3.654	<b>Nonpriority creditor's name and mailing address</b> S.S.S. COMPANY 71 UNIVERSITY AVE SW ATLANTA, GA 30315  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,260.00
3.655	<b>Nonpriority creditor's name and mailing address</b> SAFE DRUGS PHARMACY 501 WASHINGTON AVENUE SAFE DRUGS PHARMACY PHILADELPHIA, PA 19147  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,304.71
3.656	<b>Nonpriority creditor's name and mailing address</b> SAI-APTEKA PHARMACY, 151 NASSAU AVE  BROOKLYN, NY 11222  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.29
3.657	<b>Nonpriority creditor's name and mailing address</b> SANCILIO + CO. INC. 3874 FISCAL COURT SUITE 200 LAKE PARK, FL 33403  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.54

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			Amount of claim
3.658	<b>Nonpriority creditor's name and mailing address</b> SANDOZ INC. 100 COLLEGE RD. WEST PRINCETON, NJ 08540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393,107.95
3.659	<b>Nonpriority creditor's name and mailing address</b> SANOFI AVENTIS US LLC 300 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,941,922.51
3.660	<b>Nonpriority creditor's name and mailing address</b> SANOFI PASTEUR POST OFFICE BOX 60244 CHARLOTTE, NC 28260-0244  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,114.41
3.661	<b>Nonpriority creditor's name and mailing address</b> SANOFI US CORPORATION 300 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,687.00
3.662	<b>Nonpriority creditor's name and mailing address</b> SANTA CLARA MEDICAL 125 48TH ST ST CLARA MEDICIAL SUPPLIES CORP UNION CITY, NJ 7087  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$786.50

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			Amount of claim
3.663	<b>Nonpriority creditor's name and mailing address</b> SANVITA 4800 140TH AVENUE N. SUITE 101 CLEARWATER, FL 33762  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.00
3.664	<b>Nonpriority creditor's name and mailing address</b> SAV-ON DRUGS 16 EAST FRONT STREET HALDEN INC.PO BOX 406 KEYPORT, NJ 7735  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.17
3.665	<b>Nonpriority creditor's name and mailing address</b> SCHAEFER SYSTEMS INTERNATIONAL P.O. BOX 7009 CHARLOTTE, NC 28241-7009  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,983.58
3.666	<b>Nonpriority creditor's name and mailing address</b> SCHELL'S PHARMACY, INC. C/O JOHN RAKSTIS 243 STEERS ROAD AMSTERDAM, NY 12010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> STOCK REDEMPTION PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,633.80
3.667	<b>Nonpriority creditor's name and mailing address</b> SCHELL'S RED CROSS P 179 EAST MAIN STREET RAKSTIS JOHN F AMSTERDAM, NY 12010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,539.85

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			Amount of claim
3.668	<b>Nonpriority creditor's name and mailing address</b> SCHWABE NORTH AMERICA 825 CHALLENGER DRIVE GREENBAY, WI 54311  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,723.74
3.669	<b>Nonpriority creditor's name and mailing address</b> SCIEGEN PHARMACEUTICALS 89 ARKAY DRIVE HAUPPAUGE, NY 11788  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,285.34
3.670	<b>Nonpriority creditor's name and mailing address</b> SCILEX SPECIALTY 15 INGRAM BLVD LA VERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,480.00
3.671	<b>Nonpriority creditor's name and mailing address</b> SCOTCH HILLS PHARMAC 1819 E 2ND STREET SANVHI, INC SCOTCH PLAINS, NJ 7076  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.27
3.672	<b>Nonpriority creditor's name and mailing address</b> SCOTT MISKOVSKY 8 4TH STREET VANDLING, PA 18421  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00



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		Amount of claim
3.673	<b>Nonpriority creditor's name and mailing address</b> SCOTT SPECIALTIES INC P O BOX 508 512 M STREET BELLEVILLE, KS 66935  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div>\$1,535.40</div>
3.674	<b>Nonpriority creditor's name and mailing address</b> SEBELA PHARMACEUTICALS INC 3807 MOMENTUM PLACE CHICAGO, IL 60689-5334  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div>\$4,529.56</div>
3.675	<b>Nonpriority creditor's name and mailing address</b> SEDGLEY PLAZA PHARMACY ATTN: RONNIE T. BAKSH 2917 RIDGE AVE. PHILADELPHIA, PA 19121  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div>\$458.97</div>
3.676	<b>Nonpriority creditor's name and mailing address</b> SELF-DIRECT, INC. 43 OSWEGO STREET  BALDWINSVILLE, NY 13027  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div>\$4.24</div>
3.677	<b>Nonpriority creditor's name and mailing address</b> SENTRY INDUSTRIES ONE BRIDGE STREET P.O.BOX 885 HILLBURN, NY 10931-0885  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div>\$1,931.77</div>

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			Amount of claim
3.678	<b>Nonpriority creditor's name and mailing address</b> SERVICE PHARMACY ATTN: ANN MARIE 38 S. BROAD ST. BIGELOWS PHARMACY INC. NORWICH, NY 13815  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,766.90
3.679	<b>Nonpriority creditor's name and mailing address</b> SETON PHARMACEUTICALS, LLC 2317 HIGHWAY 34 MANASQUAN, NJ 08736  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,190.30
3.680	<b>Nonpriority creditor's name and mailing address</b> SEVENTH ELM DRUG COR 56 SEVENTH AVENUE  NEW YORK, NY 10011  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.60
3.681	<b>Nonpriority creditor's name and mailing address</b> SHADE TREE GREETINGS 704 SOUTH CLINTON AVE ROCHESTER, NY 14620  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.80
3.682	<b>Nonpriority creditor's name and mailing address</b> SHAFER DRUG STORE 1328 GRAHAM AVENUE  WINDBER, PA 15963  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.89

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			Amount of claim
3.683	<b>Nonpriority creditor's name and mailing address</b> SHERALVEN ENTERPRISES LTD. 150 S EXECUTIVE DRIVE EDGEWOOD, NY 11717  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.92
3.684	<b>Nonpriority creditor's name and mailing address</b> SHERIN AND LODGEN LLP ATTN: JOHN C. LALIBERTE, ESQ. 101 FEDERAL STREET BOSTON, MA 02110  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.685	<b>Nonpriority creditor's name and mailing address</b> SHERMAN PHARMACY, IN 105 WEST MAIN STREET PO BOX 647 SHERMAN, NY 14781  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,382.49
3.686	<b>Nonpriority creditor's name and mailing address</b> SHIONOGI PHARMA, INC. 5 CONCOURSE PARKWAY SUITE 1800 ATLANTA, GA 30328  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,776.16
3.687	<b>Nonpriority creditor's name and mailing address</b> SHIRE US INC. 9200 BROOKFIELD COURT SUITE 108 FLORENCE, KY 41042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,666.78

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			Amount of claim
3.688	<b>Nonpriority creditor's name and mailing address</b> SHRED-TEXT, INC. 22 CHARTER CIRCLE ROCHESTER, NY 14606  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.60
3.689	<b>Nonpriority creditor's name and mailing address</b> SIGMAPHARM LABORATORIES 3375 PROGRESS DRIVE BENSALEM, PA 19020  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,030.76
3.690	<b>Nonpriority creditor's name and mailing address</b> SIMPLE DIAGNOSTICS, INC. 11555 HERON BAY BLVD. SUITE 200 CORAL SPRINGS, FL 33076  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,152.13
3.691	<b>Nonpriority creditor's name and mailing address</b> SMITH + NEPHEW, INC. 5600 CLEARFORK MAIN STREET SUITE 600 FORT WORTH, TX 76109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,781.60
3.692	<b>Nonpriority creditor's name and mailing address</b> SMITHTOWN PRESCRIPTI 260 MIDDLE COUNTRY ROAD SUITE 105 SMITHTOWN PRES. CENTER INC. SMITHTOWN, NY 11787  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.48

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			Amount of claim
3.693	<b>Nonpriority creditor's name and mailing address</b> SMS PHARMACY,LLC 1463 FINNEGANS LANE UNIT 11 SMS PHARMACY DEPT NORTH BRUNSWICK, NJ 8902  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.07
3.694	<b>Nonpriority creditor's name and mailing address</b> SOCIUS CARE LLC 839 PICKENS INDUSTRIAL DRIVE MARIETTA, GA 30062  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.20
3.695	<b>Nonpriority creditor's name and mailing address</b> SOLCO HEALTHCARE US, LLC 2002 EASTPARK BLVD. CRANBURY, NJ 08512  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,322.81
3.696	<b>Nonpriority creditor's name and mailing address</b> SOL'S PHARMACY, INC 1070 SOUTHERN BLVD.  BRONX, NY 10459  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.47
3.697	<b>Nonpriority creditor's name and mailing address</b> SOMERSET THERAPEUTICS LLC 300 FRANKLIN SQUARE DRIVE SOMERSET, NJ 08873  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,395.40

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			Amount of claim
3.698	<b>Nonpriority creditor's name and mailing address</b> SONO RX INC. 82-25 QUEENS BLVD 1B SONO RX INC. ELMHURST, NY 11373  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.00
3.699	<b>Nonpriority creditor's name and mailing address</b> SOUTH SENECA PHARMAC 7115 NORTH MAIN ST / PO BOX 369 PALMER PHARAMCY, INC OVID, NY 14521  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.02
3.700	<b>Nonpriority creditor's name and mailing address</b> SOUTHSIDE PHARMACY, INC. ATTN: SALEM SARVIAYA 766 FOOTE AVENUE PO BOX 2031 JAMESTOWN, NY 14701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$801.95
3.701	<b>Nonpriority creditor's name and mailing address</b> SOUTHTOWNS MEDICAL P 4855 CAMP ROAD SUITE 600  HAMBURG, NY 14075  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,938.41
3.702	<b>Nonpriority creditor's name and mailing address</b> SPRINGCREEK PHARMACY 227 WEST MAIN STREET  SPRINGVILLE, NY 141411314  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.68

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			Amount of claim
3.703	<b>Nonpriority creditor's name and mailing address</b> SPS-CIRCASSIA 501 MASON RD. SUITE 200 LAVERGNE, TN 37086  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,058.35
3.704	<b>Nonpriority creditor's name and mailing address</b> ST BARNABAS HOS/TOT 4531 THIRD AVE. CONTR. PHCY TOTAL CARE 3RD AVE BRONX, NY 10458  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.65
3.705	<b>Nonpriority creditor's name and mailing address</b> STANDER, INC. 1615 QUAIL WAY LOGAN, UT 84321  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,117.80
3.706	<b>Nonpriority creditor's name and mailing address</b> STANTON - NEGLEY DRU 804 N NEGLEY AVE SIMON MEYER PITTSBURGH, PA 15206  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.47
3.707	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE DEPT ROC P.O. BOX 30851 HARTFORD, CT 06150  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,662.98

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3.708	<b>Nonpriority creditor's name and mailing address</b> STAR CARE PHARMACY I 175-20 HILLSIDE AVE  JAMAICA, NY 11432  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$291.58 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.709	<b>Nonpriority creditor's name and mailing address</b> STATE OF NEW YORK C/O DAVID E. NACHMAN, ESQ., ATTY. GENERAL 28 LIBERTY STREET NEW YORK, NY 10005  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> UNKNOWN <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.710	<b>Nonpriority creditor's name and mailing address</b> STEPHEN L. GIROUX 9034 RIDGE ROAD GASPORT, NY 14067  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$100.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.711	<b>Nonpriority creditor's name and mailing address</b> STERLING GLOBAL PRODUCTS ATTN: BALLSMITH 1925 GAUSE BLVD WEST SLIDELL, LA 70460  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$518.64 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.712	<b>Nonpriority creditor's name and mailing address</b> STI PHARMA LLC 4580 S MENDENHALL ROAD MEMPHIS, TN 38141  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,248.42 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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		Amount of claim
3.713	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATUS PHARMACEUTICALS 12379 SW 130TH STREET MIAMI, FL 33186</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$409.25</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.714	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRIDES PHARMA INC. 201 SOUTH MAIN ST, SUITE 3 LAMBERTVILLE, NJ 08530</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$86,510.55</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.715	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STV CHEMISTS 2 14-01 BRONX RIVER AVE ABDEL CHEMISTS 2 BRONX, NY 10472</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$900.73</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.716	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SUFFOLK, BROOME, ERIE, ORANGE COUNTIES, ET AL. C/O SIMMONS HANLY CONROY LLC ATTN: PAUL J. HANLY, JR., ESQ. 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016-7416</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.717	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SUFFOLK, NASSAU, PEOPLE OF NEW YORK C/O MCHUGH FULLER LAW GROUP ATTN: MICHAEL JAY FULLER, ESQ. 97 ELIAS WHIDDON ROAD HATTIESBURG, MS 39402</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> UNKNOWN</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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			Amount of claim
3.718	<b>Nonpriority creditor's name and mailing address</b> SUMMERS LABORATORIES INC. 103 G.P. CLEMENT DRIVE COLLEGEVILLE, PA 19426  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,951.14
3.719	<b>Nonpriority creditor's name and mailing address</b> SUN PHARMACEUTICAL INDUSTRIES 31060 OAK CREEK DRIVE WIXOM, MI 48393  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,718.29
3.720	<b>Nonpriority creditor's name and mailing address</b> SUNOVION PHARMACEUTICALS INC. 111 LOCKE DRIVE MARLBOROUGH, MA 01752  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727,923.67
3.721	<b>Nonpriority creditor's name and mailing address</b> SUNRISE MEDICAL (US) LLC POST OFFICE BOX 18625 BOULDER, CO 80308-8625  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.11
3.722	<b>Nonpriority creditor's name and mailing address</b> SUNSTAR BUTLER 4635 WEST FOSTER AVENUE CHICAGO, IL 60630  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,486.76

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			Amount of claim
3.723	<b>Nonpriority creditor's name and mailing address</b> SUPER STAR PHARMACY 41-73 B BOWNE STREET  FLUSHING, NY 11355  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.01
3.724	<b>Nonpriority creditor's name and mailing address</b> SUPERNUS PHARMACEUTICALS, INC. 1550 EAST GUDE DRIVE ROCKVILLE, MD 20850  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,980.72
3.725	<b>Nonpriority creditor's name and mailing address</b> SUPPLIES DISTRIBUTORS, INC. 210 W. PETTIGREW ST. DURHAM, NC 27701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,664.12
3.726	<b>Nonpriority creditor's name and mailing address</b> SURGICAL APPLIANCE, INC. 3960 ROSSLYN DRIVE CINCINNATI, OH 45209  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,165.79
3.727	<b>Nonpriority creditor's name and mailing address</b> TAGI PHARMA, INC. 722 PROGRESSIVE LANE, RM 205 SOUTH BELOIT, IL 61080  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,136.28

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		Amount of claim
3.728	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TAKEDA PHARMACEUTICALS AMERICA ONE TAKEDA PARKWAY DEERFIELD, IL 60015</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$857,496.49 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.729	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TARO PHARMACEUTICALS U.S.A. IN 3 SKYLINE DRIVE HAWTHORNE, NY 10532</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$144,363.67 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.730	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEC LABORATORIES 7100 TEC LABS WAY SW ALBANY, OR 97321</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$496.80 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.731	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TENDER CORPORATION 944 INDUSTRIAL PARK ROAD LITTLETON, NH 03561</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,944.96 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.732	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TERESA PHARMACY, INC 582 ROCKAWAY AVENUE  BROOKLYN, NY 11212</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$5,838.98 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.733	<b>Nonpriority creditor's name and mailing address</b> TEVA PHARMACEUTICALS USA PO BOX 1090 NORTH WALES, PA 19454-1090  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942,931.47
3.734	<b>Nonpriority creditor's name and mailing address</b> THE ALKALOL COMPANY 44 MOUNT VERNON STREET BOSTON, MA 02108  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.00
3.735	<b>Nonpriority creditor's name and mailing address</b> THE APOTHECARY 6 RED SCHOOLHOUSE RD BBRX5 LLC / H&F APOTHECARY LTD CHESTNUT RIDGE, NY 10977  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.06
3.736	<b>Nonpriority creditor's name and mailing address</b> THE CIT GROUP/ COMMERCIAL SER S. HIGH RIDGE PARK 200 STAMFORD, CT 06905  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,571.12
3.737	<b>Nonpriority creditor's name and mailing address</b> THE FAMILY DRUG STOR 524 BROADWAY ALAN COHEN ENT. INC. MONTICELLO, NY 12701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,197.70

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			Amount of claim
3.738	<b>Nonpriority creditor's name and mailing address</b> THE GORILLA GLUE COMPANY 4550 RED BANK EXPRESSWAY CINCINNATI, OH 45227  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.40
3.739	<b>Nonpriority creditor's name and mailing address</b> THE HAIN CELESTIAL GROUP INC 1111 MARCUS AVENUE LAKE SUCCESS, NY 11042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,516.20
3.740	<b>Nonpriority creditor's name and mailing address</b> THE HYGENC CORPORATION ATTN: CHAS TABONE 1245 HOME AVE AKRON, OH 44310  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,402.40
3.741	<b>Nonpriority creditor's name and mailing address</b> THE JEFF ELLER GROUP, LLC 3112 WINDSOR RD., #138 AUSTIN, TX 78703  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,307.39
3.742	<b>Nonpriority creditor's name and mailing address</b> THE MEDICINE CENTER 178 E MONTAUK HIGHWAY E&M LINDY PHARMACY LINDENHURST, NY 11757  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,460.71

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			Amount of claim
3.743	<b>Nonpriority creditor's name and mailing address</b> THE NEW PHARMACY, LL 4835 WOODLAND AVE THE NEW PHARMACY PHILADELPHIA, PA 19143  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,538.76
3.744	<b>Nonpriority creditor's name and mailing address</b> THE PALLET EXPRESS 1069 LYELL AVENUE ROCHESTER, NY 14606  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$572.00
3.745	<b>Nonpriority creditor's name and mailing address</b> THE PHARM AT TRILLIU 259 MONROE AVE TRILLIUM ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.99
3.746	<b>Nonpriority creditor's name and mailing address</b> THE PHARMACY AT UNIO 36 DAVIS STREET  BRADFORD, PA 16701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,557.23
3.747	<b>Nonpriority creditor's name and mailing address</b> THE PHILA AIDS CONST 3070 MCCANN FARM DRIVE SUITE 101 340B GARNET VALLEY, PA 19060  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,179.09

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			Amount of claim
3.748	<b>Nonpriority creditor's name and mailing address</b> THE SHADYSIDE PHARMA 3948 CENTRAL AVENUE  SHADYSIDE, OH 43947  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.47
3.749	<b>Nonpriority creditor's name and mailing address</b> THE WARRELL CORPORATION 1250 SLATE HILL RD CAMP HILL, PA 17011  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,669.79
3.750	<b>Nonpriority creditor's name and mailing address</b> THOMAS DRUG STORE 327 MAIN STREET F B THOMAS DRUG STORE MEYERSDALE, PA 15552  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.25
3.751	<b>Nonpriority creditor's name and mailing address</b> THOMAS MEDICAL SUPPL 327 MAIN STREET, SUITE 1 F.B. THOMAS DRUG STORE INC. MEYERSDALE, PA 15552  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.62
3.752	<b>Nonpriority creditor's name and mailing address</b> THOMPSON BRANDS 80 SOUTH VINE STREET MERIDEN, CT 06451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,581.80



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			Amount of claim
3.753	<b>Nonpriority creditor's name and mailing address</b> THRIFT DRUGS 128 CLARKE STREET RUBOK INC. BRENTWOOD, NY 11717  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$523.44
3.754	<b>Nonpriority creditor's name and mailing address</b> TLF GRAPHICS 235 METRO PARK ROCHESTER, NY 14623-2669  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,444.10
3.755	<b>Nonpriority creditor's name and mailing address</b> TOLMAR INC 701 CENTRE AVENUE FORT COLLINS, CO 80526  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,728.58
3.756	<b>Nonpriority creditor's name and mailing address</b> TOM'S OF MAINE 302 LAFAYETTE CENTER KENNEBUNK, ME 04043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,380.32
3.757	<b>Nonpriority creditor's name and mailing address</b> TOMS RIVER DRUG LLC 1250 ROUTE 166  TOMS RIVER, NJ 8753  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,636.44

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		Amount of claim
3.758	<b>Nonpriority creditor's name and mailing address</b> TORRENT PHARMA INC. 5380 HOLIDAY TERRACE KALAMAZOO, MI 49009  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.759	<b>Nonpriority creditor's name and mailing address</b> TOTAL CARE PHARMACY INC. ATTN: TONINO SEMENTILLI 4531 THIRD AVENUE BRONX, NY 10458  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.760	<b>Nonpriority creditor's name and mailing address</b> TOTAL HOME HEALTH CA 437 MAIN STREET  STROUDSBURG, PA 18360  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.761	<b>Nonpriority creditor's name and mailing address</b> TOWER PHARMACY, INC. 4192 STATE HIGHWAY 30  AMSTERDAM, NY 12010  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.762	<b>Nonpriority creditor's name and mailing address</b> TOWN TOTAL HEALTH LL 350 NORTHERN BOULEVARD LOUDON PLAZA ALBANY, NY 12204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.763	<b>Nonpriority creditor's name and mailing address</b> TOWNSHIP PHARMACY 118 NORTH MAIN STREET  DAVIDSVILLE, PA 15928  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,773.89
3.764	<b>Nonpriority creditor's name and mailing address</b> TRACELINK INC 200 QUANNAPOWITT PARKWAY WAKEFIELD, MA 01880  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.50
3.765	<b>Nonpriority creditor's name and mailing address</b> TRENTON AVENUE PHARM 3803 VENTNOR AVENUE  ATLANTIC CITY, NJ 8401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,532.45
3.766	<b>Nonpriority creditor's name and mailing address</b> TRI STATE DISTRIBUTION 600 VISTA DRIVE SPARTA, TN 38583  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,059.38
3.767	<b>Nonpriority creditor's name and mailing address</b> TRIDERMA 341 N. DELILAH STREET SUITE 101 CORONA, CA 92879  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,177.44

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			Amount of claim
3.768	<b>Nonpriority creditor's name and mailing address</b> TRIFECTA PHARMACEUTICALS 101 NE THIRD AVE SUITE 1500 FT LAUDERDALE, FL 33307  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,892.90
3.769	<b>Nonpriority creditor's name and mailing address</b> TRIGEN LABORATORIES LLC 2500 MAIN STREET, SUITE 6 SAYREVILLE, NJ 08872  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,060.12
3.770	<b>Nonpriority creditor's name and mailing address</b> TRIGEN LABORATORIES, INC 2500 MAIN STREET, SUITE 6 SAYREVILLE, NJ 08872  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,850.00
3.771	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH (SCI 170 SCIENCE PKWY TRILLIUM HEALTH, INC. ROCHESTER, NY 14620  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,746.03
3.772	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH 340B 170 SCIENCE PKWY  ROCHESTER, NY 14620  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$636.61

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			Amount of claim
3.773	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC 259 MONROE AVE TRILLIUM HEALTH INC. ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.774	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC 259 MONROE AVE (1ST FLOOR) TRILLIUM HEALTH INC ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.36
3.775	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC 259 MONROE AVE (LOWER LEVEL)  ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,299.97
3.776	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC. 259 MONROE AVE THE PHARMACY AT TRILLIUM HEALTH ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.69
3.777	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC. 259 MONROE AVE. THE PHARMACY AT TRILLIUM HEALTH ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,467.73

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			Amount of claim
3.778	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH INC. 259 MONROE AVE. (1ST FLOOR) THE PHARMACY AT TRILLIUM HEALTH ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.00
3.779	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH PHAR 259 MONROE AVE (1ST FLOOR) TRILLIUM HEALTH, INC. ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,302.71
3.780	<b>Nonpriority creditor's name and mailing address</b> TRILLIUM HEALTH PHARMACY ATTN: MARK MALAHOSKY 259 MONROE AVE (1ST FLOOR) TRILLIUM HEALTH, INC. ROCHESTER, NY 14607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,357.42
3.781	<b>Nonpriority creditor's name and mailing address</b> TRIUMPH PHARMACEUTICALS 12312 OLIVE BLVD. SUITE 250 ST LOUIS, MO 63141  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,714.56
3.782	<b>Nonpriority creditor's name and mailing address</b> TRIVIDA HEALTH 2400 NW 55TH COURT FORT LAUDERDALE, FL 33309  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,273.40

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			Amount of claim
3.783	<b>Nonpriority creditor's name and mailing address</b> TRP COMPANY INC 1575 DELUCCHI LANE SUITE 115 RENO, NV 89502  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$705.00
3.784	<b>Nonpriority creditor's name and mailing address</b> TRUE CARE PHARMACY 556 ATLANTIC AVE PYRAMIDS HEALTH LLC BROOKLYN, NY 11217  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,020.73
3.785	<b>Nonpriority creditor's name and mailing address</b> TRUPHARMA, LLC 4100 WEST KENNEDY BLVD SUITE 220 TAMPA, FL 33609  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,646.33
3.786	<b>Nonpriority creditor's name and mailing address</b> TRUST PHARMACY 201 ELM STREET SRIN, INC. YONKERS, NY 10701  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,763.17
3.787	<b>Nonpriority creditor's name and mailing address</b> TUMINARO PHARMACY OT 800 RTE 82 SUITE A BUILDING 5 JND PHARMACY INC. HOPEWELL JUNCTION, NY 12533  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.06

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			Amount of claim
3.788	<b>Nonpriority creditor's name and mailing address</b> TURNPIKE RX INC 22417A UNION TURNPIKE TURNPIKE RX INC OAKLAND GARDENS, NY 11364  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.07
3.789	<b>Nonpriority creditor's name and mailing address</b> TWI PHARMACEUTICALS USA 300 SPECTRUM CT DRIVE 400 IRVINE, CA 92618  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,350.09
3.790	<b>Nonpriority creditor's name and mailing address</b> TWO OLD GOATS 4117 MURRAY AVENUE HALTOM CITY, TX 76117  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$887.70
3.791	<b>Nonpriority creditor's name and mailing address</b> UCB, INC. 1950 LAKE PARK DRIVE SMYRNA, GA 30080  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307,856.42
3.792	<b>Nonpriority creditor's name and mailing address</b> ULINE 2200 S. LAKESIDE DRIVE WAUKEGAN, IL 60085  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,205.51



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			Amount of claim
3.793	<b>Nonpriority creditor's name and mailing address</b> ULTIMED, INC 710 4TH STREET DE SMETH, SD 57231  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$703.80
3.794	<b>Nonpriority creditor's name and mailing address</b> UNICHEM PHARMACEUTICALS, INC. HEIGHTS PLAZA 777 TERRACE AVE, SUITE 102 HASBROUCK HEIGHTS, NJ 07604  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,853.42
3.795	<b>Nonpriority creditor's name and mailing address</b> UNIFIRST CORPORATION 2085 BRIGHTON-HEN TL RD. ROCHESTER, NY 14623  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$665.36
3.796	<b>Nonpriority creditor's name and mailing address</b> UNITED STATES OF AMERICA JEFFREY K. POWELL, ESQ. AND JACOB M. BERGMAN, ESQ., ASSISTANT U.S. ATTORNEYS 86 CHAMBERS STREET NEW YORK, NY 10007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.797	<b>Nonpriority creditor's name and mailing address</b> UNITED STATES OF AMERICA LOUIS PELLEGRINO, ESQ., ASSISTANT U.S. ATTORNEY 1 ST. ANDREW'S PLAZA NEW YORK, NY 10007  <b>Date or dates debt was incurred</b> 5/2/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> DPA SETTLEMENT FINE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000,000.00

Part 2: Additional Page		Amount of claim
3.798	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVERSITY AVENUE PHARMACY ATTN: DHANESH SHAH 2465 UNIVERSITY AVE GAYATRI PHARMACY, INC. BRONX, NY 10468</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$780.27 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.799	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVERSITY CHEMISTS 74 UNIVERSITY PLACE- DO NOT USE ACT JVJ PHARMACY INC. USE ACCT.003869!! NEW YORK-USE 003869!, NY 10003</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,335.83 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.800	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UPS P.O. BOX 7247-0244 PHILADELPHIA, PA 19170-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$415.10 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.801	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UPSHER SMITH LABORATORIES INC. 6701 EVENSTAD DRIVE MAPLE GROVE, MN 55369</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$38,459.02 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.802	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>URSULINE CENTER 345 OAKHILL AVE YOUNGSTOWN, OH 44502</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$4,558.88 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.803	<b>Nonpriority creditor's name and mailing address</b> US ARKRAY, INC. SDS-12-1923 PO BOX 86 MINNEAPOLIS, MN 55486-1923  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,399.30 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.804	<b>Nonpriority creditor's name and mailing address</b> VALERITAS, INC C/O DDN/OBERGFEL 800 WOODLAND PRIME STE 200 MENOMONEE FALLS, WI 53051  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$10,617.60 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.805	<b>Nonpriority creditor's name and mailing address</b> VALLEY PEST SERVICES 29 LAKE TRAIL EAST WAYNE, NJ 07470  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$95.96 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.806	<b>Nonpriority creditor's name and mailing address</b> VALLEY PHARM & MED'L 31 WEST MAIN STREET  GOWANDA, NY 14070  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$5,228.48 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.807	<b>Nonpriority creditor's name and mailing address</b> VALLEY PHARMACY 312 MAIN STREET PO BOX 978 MOURAD DRUG CORP. MIDDLEBURGH, NY 12122  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$1,216.95 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.808	<b>Nonpriority creditor's name and mailing address</b> VALLEY PHARMACY, INC 827 SHARON-NEW CASTLE ROAD  FARRELL, PA 16121  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,264.46
3.809	<b>Nonpriority creditor's name and mailing address</b> VANDA PHARMACEUTICALS INC 2200 PENNSYLVANIA AVE NW SUTIE 300E WASHINGTON, DC 20037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,446.38
3.810	<b>Nonpriority creditor's name and mailing address</b> VANTAGE CARE APOTHEC 1305 SOUTH MAIN STREET VANTAGE LTC, LTD MEADVILLE, PA 16335  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,884.69
3.811	<b>Nonpriority creditor's name and mailing address</b> VENKAT PHARM INC. 1484 FULTON STREET RITE CHOICE PHARMACY BROOKLYN, NY 11216  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.22
3.812	<b>Nonpriority creditor's name and mailing address</b> VENOSAN NORTH AMERICA, INC. 300 INDUSTRIAL PARK AVE. PO BOX 1027 ASHEBORO, NC 27204  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.813	<b>Nonpriority creditor's name and mailing address</b> VERDE TECHNOLOGIES 12900 WHITEWATER DRIVE SUITE 200 MINNETONKA, MN 55343  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.00
3.814	<b>Nonpriority creditor's name and mailing address</b> VERIZON P.O. BOX 4833 TRENTON, NJ 08650-4833  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.50
3.815	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS P.O. BOX 408 NEWARK, NJ 07101-0408  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,554.22
3.816	<b>Nonpriority creditor's name and mailing address</b> VERTICAL PHARMACEUTICALS LLC 2500 MAIN ST EXTENSION STE 6 SAYREVILLE, NJ 08872  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,188.35
3.817	<b>Nonpriority creditor's name and mailing address</b> VIC VENA PHARMACY IN 1322 WEST STATE ST  OLEAN, NY 14760  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.44

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			Amount of claim
3.818	<b>Nonpriority creditor's name and mailing address</b> VILLAGE APOTHECARY 79 TINKER STREET PROGRESSION LLC WOODSTOCK, NY 12498  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.59
3.819	<b>Nonpriority creditor's name and mailing address</b> VILLAGE FERTILITY PH 335 BEAR HILL ROAD ABD GROUP INC WALTHAM, MA 2451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,167.30
3.820	<b>Nonpriority creditor's name and mailing address</b> VILLAGE N + N PHCY INC. DBA VILLAGE PHCY. II 792 NORTH MAIN ST NORTH SYRACUSE, NY 16212  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.821	<b>Nonpriority creditor's name and mailing address</b> VINCO PHARMACY SOLUT 2809 WILLIAM PENN AVENUE  JOHNSTOWN, PA 15909  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501.87
3.822	<b>Nonpriority creditor's name and mailing address</b> VIRTUS PHARMACEUTICAL LLC 2649 CAUSEWAY CTR DRIVE TAMPA, FL 33619  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,057.20

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		Amount of claim
3.823	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VIRTUS PHARMACEUTICALS OPCO II 2649 CAUSEWAY CENTER DRIVE TAMPA, FL 33619</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$3,691.87 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.824	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VISTAPHARM, INC. 2224 CAHABA VALLEY DRIVE SUITE B3 BIRMINGHAM, AL 35242</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,610.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.825	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VITALITY DRUG &amp; SURG 257-07 UNION TURNPIKE R &amp; M DRUG CORPORATION GLEN OAKS, NY 11004</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$21.41 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.826	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WALLY'S NATURAL, INC. 11837 KEMPER ROAD AUBURN, CA 95603</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$438.00 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.827	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WALT USA, LLC 2929 N MAIN STREET NORTH LOGAN, UT 84341</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$231.12 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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		Amount of claim
3.828	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WASHINGTON AVENUE PH 600 WASHINGTON AVENUE AMERICARE DISCOUNT PHARMACY LLC PHILADELPHIA, PA 19147</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$13,193.19 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.829	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WASTE MANAGEMENT OF NY ROCHESTER NY P.O. BOX 830003 BALTIMORE, MD 21283-0003</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$2,648.07 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.830	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WATER PIK INC. POST OFFICE BOX 360900M PITTSBURGH, PA 15251</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$894.65 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.831	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WAYNE-CLIFTON PHARMA 4 COULTER ROAD  CLIFTON SPRINGS, NY 14432</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$48.13 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.832	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WEBSTER 123 PHARMACY 1231 WEBSTER AVENUE DBA WEBSTEER AVENUE PHARMACY BRONX, NY 10456</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1.35 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



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			Amount of claim
3.833	<b>Nonpriority creditor's name and mailing address</b> WELCOME NEW NEIGHBOR, INC. P.O. BOX 922 ROCKWALL, TX 75087  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,512.93
3.834	<b>Nonpriority creditor's name and mailing address</b> WELLCARE OF SINGAC 75 RT 23 SOUTH WELLCARE OF SINGAC LIMITED LIABILIT LITTLE FALLS, NJ 7424  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.74
3.835	<b>Nonpriority creditor's name and mailing address</b> WELLS FARGO BANK 3 PEARL COURT, SUITES A/B ALLENDALE, NJ 07401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,061.32
3.836	<b>Nonpriority creditor's name and mailing address</b> WESTMINSTER PHARMA LLC 3810 NORTHDALE BLVD SUITE 250 TAMPA, FL 33624  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,108.60
3.837	<b>Nonpriority creditor's name and mailing address</b> WHITE'S HEALTHCARE&W 60B SOUTH STREET PREMIERE RX LTC MORRISTOWN, NJ 7960  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.04

**Part 2:**

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			Amount of claim
3.838	<b>Nonpriority creditor's name and mailing address</b> WHITE'S MORRISTOWN P 60A SOUTH STREET  MORRISTOWN, NJ 7960  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,648.12
3.839	<b>Nonpriority creditor's name and mailing address</b> WHITE'S PHARMACY E. 81 MAIN STREET  EAST HAMPTON, NY 11937  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,393.88
3.840	<b>Nonpriority creditor's name and mailing address</b> WICKAPECKO PHARMACY 1409 WICKAPECKO DRIVE FANNY A. MUSTO WANAMASSA, NJ 7712  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.46
3.841	<b>Nonpriority creditor's name and mailing address</b> WILLEN PHARMACY INC 3800 EAST TREMONT AVENUE  BRONX, NY 10465  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,267.14
3.842	<b>Nonpriority creditor's name and mailing address</b> WINDMILL MARKETING 10 HENDERSON DRIVE WEST CALDWELL, NJ 07006  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,967.41

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			Amount of claim
3.843	<b>Nonpriority creditor's name and mailing address</b> WINDSTREAM P.O. BOX 3177 CEDAR RAPIDS, IA 52406  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,740.17
3.844	<b>Nonpriority creditor's name and mailing address</b> WISCONSIN PHARMACAL CO., LLC 1 PHARMACAL WAY PO BOX 198 JACKSON, WI 53037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.70
3.845	<b>Nonpriority creditor's name and mailing address</b> WOCKHARDT USA, LLC 20 WATERVIEW BLVD., 3RD FLOOR PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175,073.34
3.846	<b>Nonpriority creditor's name and mailing address</b> WOLCOTT PHARMACY LLC 12042 MAIN STREET  WOLCOTT, NY 14590  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$505.57
3.847	<b>Nonpriority creditor's name and mailing address</b> WOMEN'S CHOICE PHARMACEUTICALS 170 S WILLIAM DILLARD DRIVE BUILDING 3 SUITE 109 GILBERT, AZ 85233  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,904.86

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			Amount of claim
3.848	<b>Nonpriority creditor's name and mailing address</b> WOODFIELD DIST LLC 1113 GILLINGHAM LANE SUITE A SUGAR LAND, TX 77478  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$335.76
3.849	<b>Nonpriority creditor's name and mailing address</b> WOODWARD PHARMA SERVICES 4200 BINION WAY SUITE 200 MASON, OH 45036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,684.56
3.850	<b>Nonpriority creditor's name and mailing address</b> WORLDWIDE EXPRESS 19015 PERRY HIGHWAY MARS, PA 16046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,345.69
3.851	<b>Nonpriority creditor's name and mailing address</b> WURLITZER PHARMACY 3 521 DIVISION ST  NORTH TONAWANDA, NY 14120  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,823.74
3.852	<b>Nonpriority creditor's name and mailing address</b> XSPIRE PHARMA 121 MARKETRIDGE DR SUITE B RIDGELAND, MS 39157  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,713.85

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			Amount of claim
3.853	<b>Nonpriority creditor's name and mailing address</b> XTTRIUM LABORATORIES 1200 EAST BUSINESS CTR DRIVE MT PROSPECT, IL 60056-6041  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,501.60
3.854	<b>Nonpriority creditor's name and mailing address</b> YOCUM'S PHARMACY 1749 E BROAD ST  HAZLETON, PA 18201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.85
3.855	<b>Nonpriority creditor's name and mailing address</b> YOUR HEARTS DELIGHT 55 MULL LANE LEBANON, PA 17046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.98
3.856	<b>Nonpriority creditor's name and mailing address</b> YOUR HOMETOWN PHARMA 2897 W. LIBERTY AVE DORMONT'S HOMETOWN PHAR, INC. PITTSBURGH, PA 15216  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.98
3.857	<b>Nonpriority creditor's name and mailing address</b> ZAREBEE'S INC ATTN: NICK JOHNSTONE 11650 S STATE ST SUITE 101 DRAPER, UT 84020  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,769.28

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			Amount of claim
3.858	<b>Nonpriority creditor's name and mailing address</b> ZELLIES INC. 4301 W. WILLIAM CANNON DR STE B-150-324 AUSTIN, TX 78749  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.00
3.859	<b>Nonpriority creditor's name and mailing address</b> ZEWA MEDICAL 12960 COMMERCE LAKES DR. SUITE 29 FORT MYERS, FL 33913  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.52
3.860	<b>Nonpriority creditor's name and mailing address</b> ZONE PHARMACY INC 125 20 111TH AVE ZONE PHARMACY INC SOUTH OZONE PARK, NY 11420  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.92
3.861	<b>Nonpriority creditor's name and mailing address</b> ZUCKERMAN DRUGS(DG) 701 BRIGHTON BEACH AVE BRIGHTON PHARMACY II INC. BROOKLYN, NY 11235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CUSTOMER CREDIT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,622.45
3.862	<b>Nonpriority creditor's name and mailing address</b> ZYDUS PHARMACEUTICALS (USA) 210 CARNEGIE CENTER SUITE 103 PRINCETON, NJ 08540  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$494,864.99

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$87,682.00
5b. Total claims from Part 2	5b. +	\$83,207,300.93
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$83,294,982.93

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****04/19****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- |     |                                                                                                                                                                                                 |                                 |                                                                                                                                       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | <b>State what the contract or lease is for and the nature of the debtor's interest</b><br><br><b>State the term remaining</b><br><br><b>List the contract number of any government contract</b> | RDC ALLIANCE CUSTOMER AGREEMENT | 1ST CHOICE PHARMACY LLC<br>ATTN: KATIE KIKER<br>928 JAYMUR RD<br>BUILDING A, SUITE 200<br>SOUTHAMPTON, PA 18966                       |
| 2.2 | <b>State what the contract or lease is for and the nature of the debtor's interest</b><br><br><b>State the term remaining</b><br><br><b>List the contract number of any government contract</b> | RDC ALLIANCE CUSTOMER AGREEMENT | 2818 FULTON STREET PHARMACY IN<br>ATTN: MICHELLE GOOLAB/RAFAIL MATATOV<br>2818 FULTON STREET<br>FULTON PHARMACY<br>BROOKLYN, NY 11207 |
| 2.3 | <b>State what the contract or lease is for and the nature of the debtor's interest</b><br><br><b>State the term remaining</b><br><br><b>List the contract number of any government contract</b> | RDC ALLIANCE CUSTOMER AGREEMENT | 39TH STREET PHARMACY INC (DG)<br>ATTN: ASNEN YAKUBOFF<br>3902 16TH AVENUE<br>BROOKLYN, NY 11218                                       |
| 2.4 | <b>State what the contract or lease is for and the nature of the debtor's interest</b><br><br><b>State the term remaining</b><br><br><b>List the contract number of any government contract</b> | RDC ALLIANCE CUSTOMER AGREEMENT | 4TH AVENUE PHARMACY INC<br>ATTN: MUHAMMAD SIDDIQUE<br>5002 4TH AVENUE<br>BROOKLYN, NY 11220                                           |



(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>7 STAR PHARMACY ATTN: MUHAMMAD H. RASHID 596 CLARKSON AVE ZAHEER SONS PHARMACY INC BROOKLYN, NY 11203</p>
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>888 PHARMACY ATTN: STEPHANIE FENG 4821 8TH AVE 888 PHARMACY INC BROOKLYN, NY 11220</p>
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>A &amp; F PHARMACY ATTN: ASHIQUZ ZAMAN 2754 PITKIN AVE ASFC, INC BROOKLYN, NY 11208</p>
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>A &amp; R PHARMACY, INC. ATTN: ASHOK DAWANI 140 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801</p>
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p> <p>ABBVIE US LLC 1 NORTH WAUKEGAN ROAD NORTH CHICAGO, IL 60064</p>
2.10	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>ACCURATE PHARMACY LLC ATTN: DANNY TSANG 639 5TH AVENUE BROOKLYN, NY 11215</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ADAMS DISCOUNT PHARMACY ATTN: UMAMAHASWAR SIRIPURAPU 241 N KESWICK AVE SRI ANJANEYA, LLC GLENSIDE, PA 19038</p>
2.12	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ADDISON APOTHECARY, INC ATTN: JOHN PAGANO 36 MAIN ST ADDISON'S APOTHECARY INC ADDISON, NY 14801</p>
2.13	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>ADVANCED DISCOVERY P O BOX 102242 ATLANTA, GA 30368-2242</p>
2.14	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ADVANCED PHARMACY SERVICES LLC ATTN: LINDA BONK 220 SOUTH RIVER STREET PLAINS, PA 18705</p>
2.15	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>AERIE PHARMACEUTICALS 4301 EMPEROR BLVD SUITE 400 DURHAM, NC 27703</p>
2.16	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>AFP GROUP INC 6746 AKRON ROAD LOCKPORT, NY 14094</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	AKESO HEALTH SCIENCES 4607 LAKEVIEW CANYON #561 WESTLAKE VILLAGE, CA 91361
2.18	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AKRON PHARMACY ATTN: CHUCK GEORGE 58 MAIN STREET CMG PHARMACEUTICALS INC AKRON, NY 14001
2.19	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALBERTY DRUGS ATTN: CHRIS CASEY 81 MAIN STREET THE CASEY GROUP LLC BATAVIA, NY 14020
2.20	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALBION-HANCOCK PHARMACY, LLC ATTN: POPURI CHENCH RAM 2125 FAIRFIELD AVE BRIDGEPORT, CT 6605
2.21	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALDEN PHARMACY INC ATTN: KARA SMITH 13203 BROADWAY ALDEN, NY 14004
2.22	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AL-HAQQ PHARMACY INC. ATTN: MOHAMMAD AKHTAR 75-07 101ST AVENUE OZONE PARK, NY 11417

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.23	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALICO PHARMACY ATTN: MERCEDES PEREZ 2027 JEROME AVENUE 2027 ALICO PHARMACY CORP. BRONX, NY 10453
2.24	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALLEN'S PHARMACY INC. ATTN: DOUGLAS G. ALLEN 402 PRESCOTT AVE SCRANTON, PA 18510
2.25	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALLEN'S PHARMASERV, INC. ATTN: ALAN MIRKIN 520 GYPSY LANE YOUNGSTOWN, OH 44504
2.26	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	ALLERGAN PHARMACEUTICALS 5 GIRALDA FARMS MADISON, NJ 07940
2.27	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	DISTRIBUTION SERVICES AGREEMENT DTD 6/25/2019	ALLERGAN USA, INC. ATTN: AVP, TRADE SALES 5 GIRALDA FARMS MADISON, NJ 07940
2.28	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ALLTOWN PHARMACY ATTN: ALEX KEYLIN 1137 BUSTLETON PIKE DBA A&M PHARMACY FEASTERVILLE, PA 19053

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.29	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ALLTOWN PHARMACY ATTN: ALEX KEYLIN 158 WYCKOFF ROAD STORE 3 EATONTOWN, NJ 7724</p>
2.30	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>AL-MAMOOR PHARMACY INC ATTN: UROOJ UNAHAR 169-18 HILLSIDE AVE JAMAICA, NY 11432</p>
2.31	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ALMARK PHARMACY INC ATTN: BOB SHOWTY 2094 LINDEN BLVD BROOKLYN, NY 11207</p>
2.32	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>AL-MEDINA PHARMACY INC. ATTN: ANISUL HASAN 1242 FLATBUSH AVE BROOKLYN, NY 11226</p>
2.33	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ALPINA PHARMACY ATTN: ABO ILYAYEV 155 W 145TH STREET ALPINA PHARMACY INC NEW YORK, NY 10039</p>
2.34	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>AMAG PHARMACEUTICALS 1100 WINTER STREET WALTHAM, MA 02462</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.35	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AMATO PHARMACY INC. ATTN: TONY SEMENTILLI 619 EAST 187 ST BRONX, NY 10458
2.36	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AMERICARE PRESCRIPTION SURG CT ATTN: KALPESH DAVE 511 MAIN STREET ESSGEEKAY CORP FORT LEE, NJ 7024
2.37	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AMES DRUG STORE ATTN: PRABHAKAR MANTY 701 COLLINGS AVE HARTFORD UNIVERSAL, INC COLLINGSWOOD, NJ 8107
2.38	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	AMGEN 1840 DEHAVILLAND THOUSAND OAKS, CA 91320
2.39	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	AMIABLE PHARMACY ATTN: MOHAMMED TAHER 1108 LIBERTY AVENUE EXPRESS PHARMACY INC. BROOKLYN, NY 11208
2.40	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	AMNEAL PHARMACEUTICALS LLC 400 CROSSING BOULEVARD, 3RD FLOOR BRIDGEWATER, NJ 08807

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.41	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>ANALYSIS GROUP 111 HUNTINGTON AVENUE 14TH FLOOR BOSTON, MA 2199</p>
2.42	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>AN-NOOR PHARMACY INC. ATTN: STEPHANIE HUQ 35 101 AVENUE BROOKLYN, NY 11208</p>
2.43	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>APEXUS, LLC 75 REMITTANCE DRIVE SUITE 1164 CHICAGO, IL 60675</p>
2.44	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>APOTHECARE PHCY @ SHOP &amp; SAVE ATTN: WALTER J. LIZZA 150 WALNUT HILL RD DANERON LLC UNIONTOWN, PA 15401</p>
2.45	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>APPLEBY'S DRUG STORE ATTN: TROY S PARSONS 133 E. SHIRLEY ST FRED B. APPLEBY, INC. MOUNT UNION, PA 17066</p>
2.46	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ARALEZ PHARMACEUTICALS PO BOX 329003 C/O PRIME CLERK, LLC BROOKLYN, NY 11232</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.47	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	FLOOD INSURANCE COVERAGE	<p>ARCH SPECIALTY INS. CO. 1125 SANCTUARY PKWY SUITE 200 ALPHARETTA, GA 30009</p>
2.48	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	BLENDED D&O, EPL, FIDUCIARY INSURANCE COVERAGE	<p>ARGONAUT INSURANCE CO. 413 W. 14TH STREET NEW YORK, NY 10014</p>
2.49	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ASCENSIA DIABETES CARE 5 WOOD HOLLOW RD PARSIPPANY, NJ 07054</p>
2.50	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ASM DRUGS INC. / FARMACIA ATTN: KUPPUSAMY ARUMUGAM 55 A EAST GUNHILL ROAD BRONX, NY 10467</p>
2.51	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ASSERTIO 100 S. SAUNDERS ROAD SUITE 300 LAKE FOREST, IL 60045</p>
2.52	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ASTELLAS PHARM 1 ASTELLAS WAY NORTHBROOK, IL 60062-6111</p>



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.53	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p>	<p>ASTRAZENECA LP 1800 CONCORD PIKE WILMINGTON, DE 19850</p>
2.54	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>AUBURNDAL PHARMACY INC 192-15 47TH AVENUE FLUSHING, NY 11358</p>
2.55	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>AVK RX INC (DG) ATTN: IRINA ARONOVA 3904 CHURCH AVE AVK RX INC BROOKLYN, NY 11203</p>
2.56	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CYBER</p>	<p>AXA XL 125 BROAD STREET 5TH FLOOR NEW YORK, NY 10004</p>
2.57	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>FLOOD INSURANCE COVERAGE</p>	<p>AXIS PO BOX 932745 ATLANTA, GA 31193</p>
2.58	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>IT SERVICES AGREEMENT</p>	<p>AXWAY, INC. 6811 EAST MAYO BLVD. SUITE 400 PHOENIX, AZ 85054</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.59	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>B&amp;B HAMPTON DRUGS INC. ATTN: MARK HERTZ 39 - 4 WEST MONTAUK HWY DBA HAMPTON LIGGETT DRUG HAMPTON BAYS, NY 11946</p>
2.60	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>B&amp;T PLOWING AND TREE SERVICE 190 JEFFERSON ROAD ROCHESTER, NY 14623</p>
2.61	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BALLARD PHARMACY ATTN: SAJID PATEL 226 PROSPECT PARK W BANDSTAND CORPORATION BROOKLYN, NY 11215</p>
2.62	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BAY-CARE PHARMACY LLC (DG) ATTN: ILONA VAKOR 8515 BAY PKWY BROOKLYN, NY 11214</p>
2.63	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>BAYER HEALTHCARE 100 BAYER BLVD WHIPPANY, NJ 07981</p>
2.64	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BAYRIDGE RX 2 ATTN: SUBAN CHUNG 7119 FIFTH AVENUE SBSC2, LLC BROOKLYN, NY 11209</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.65	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BAYRIDGE RX ATTN: SUBANG CHUNG 6910 3RD AVENUE SBSC, LLC BROOKLYN, NY 11209</p>
2.66	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BE WELL PHARMACY CORP. ATTN: MARK AGRES 8012 20TH AVENUE BROOKLYN, NY 11214</p>
2.67	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEAVER'S PHARMACY ATTN: FRANK STEED 7 MAIN STREET STEED ENTERPRISES LLC CANISTEO, NY 14823</p>
2.68	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEDARD MEDICAL ATTN: MICHAEL NADEAU 359 MINOT AVE SUITE A BEDARD MEDICAL INC AUBURN, ME 4210</p>
2.69	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEDARD PHARMACY AUBURN ATTN: MICHAEL NADEAU 359 MINOT AVENUE - SUITE B BEDARD PHARMACY INC AUBURN, ME 4210</p>
2.70	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEDARD PHARMACY ATTN: MICHAEL NADEAU 61 COLLEGE ST. BEDARD PHARMACY INC LEWISTON, ME 4240</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEDARD SENIOR CARE ATTN: MICHAEL NADEAU 359 MINOT AVENUE - SUITE C BEDARD SENIOR CARE INC AUBURN, ME 4210</p>
2.72	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BERGEN CARE PHARMACY INC ATTN: TAE J PARK 1625 LEMOINE AVE STE 1 FORT LEE, NJ 7024</p>
2.73	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEST CARE PHARMACY II ATTN: JEFFREY LIU 269 S 52ND STREET LK PHARMACY INC PHILADELPHIA, PA 19139</p>
2.74	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BEST CARE PHARMACY ATTN: JEFFREY LIU 257 N. 52ND ST EJ CORPORATION PHILADELPHIA, PA 19139</p>
2.75	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BETHPAGE PHARMACY INC. ATTN: JEFF LANGULL 334 BROADWAY D/B/A BETHPAGE PHARMACY BETHPAGE, NY 11714</p>
2.76	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BETTER HEALTH RX ATTN: YUHAN AVEZBAK 503 W 125TH STREET BETTER HEALTH RX CORP NEW YORK, NY 10027</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.77	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BIANCARELLI'S PHARMACY, LLC ATTN: BRUCE BIANCARELLI 1318 MAIN STREET PECKVILLE, PA 18452</p>
2.78	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BLACK ROCK PHARMACY, INC ATTN: DON ARTHUR 431 TONAWANDA ST BUFFALO, NY 14207</p>
2.79	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BLAIRSVILLE PHARMACY ATTN: STEVE DECRISCIO 135 E MARKET ST., STE 100 3 JB LLC BLAIRSVILLE, PA 15717</p>
2.80	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BLITZ PHARMACY INC. ATTN: JASON BLITZ 485 MAPLE ST. BLITZ PHARMACY BIG FLATS, NY 14814</p>
2.81	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BOCA PHARMACY SOUTHERN BLVD. ATTN: MICHELLE GOOLAB 1070 SOUTHERN BLVD. 1070 SOUTHERN DRUG LLC BRONX, NY 10459</p>
2.82	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BOCA PHARMACY/HUNTS POINT AVE. ATTN: MICHELLE GOOLAB 872 HUNTS POINT AVENUE ROCKAWAY FAMILY PHARMACY CORP. BRONX, NY 10474</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.83	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	BOCA PHARMACY/PROSPECT AVENUE ATTN: MICHELLE GOOLAB 904 PROSPECT AVENUE 904 PROSPECT AVENUE PHARMACY INC. BRONX, NY 10459
2.84	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	BOEHRINGER INGELHEIM 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877
2.85	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	BONAPARTE PHARMACY LLC ATTN: JUSTIN BESAW 8210 MAIN STREET HARRISVILLE, NY 13648
2.86	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	BREWERTON PHARMACY ATTN: NICK CHERVINSKY 9679 BREWERTON ROAD NICHOLAS CHERVINSKY BREWERTON, NY 13029
2.87	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	BREWERYTOWN RX PHARMACY ATTN: KACEY DIX 2621 WEST GIRARD AVENUE BREWERYTOWN RX, INC. PHILADELPHIA, PA 19130
2.88	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	BRIDGE PHARMACY ATTN: MARIA GEORGAKOPOULOS 8912 3RD AVE S AND M DRUGS, INC. BROOKLYN, NY 11209

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.89	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BRIDGEPORT CHEMISTS ATTN: RAVINDRA 1407 FAIRFIELD AVENUE DBA HANCOCK PHARMACY BRIDGEPORT, CT 6605</p>
2.90	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BRIDGEPORT PHARMACY LLC ATTN: LAKS PUDIPEPPI 978 EAST MAIN STREET DBA BRIDGEPORT PHARMACY BRIDGEPORT, CT 6608</p>
2.91	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BRIGHTON EGGERT PHARMACY INC ATTN: DONALD ARTHUR 935 BRIGHTON RD TONAWANDA, NY 14150</p>
2.92	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BRINE PHARMACY ATTN: ROBERT EKIERT 906 N. STATE STREET TADMAR, INC. GIRARD, OH 44420</p>
2.93	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>BRISTOL MYERS SQUIBB 430 E. 29TH STREET, 14TH FLOOR NEW YORK, NY 10016</p>
2.94	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BROAD &amp; GRANGE PHARMACY INC. ATTN: WILTHERKEEN AUGUSTE 5751 N. BROAD STREET PHILADELPHIA, PA 19141</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.95	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BROAD &amp; LEHIGH PHARMACY INC. ATTN: BRYAN SNYDER 1300 WEST LEHIGH AVENUE SUITE 102 PHILADELPHIA, PA 19132</p>
2.96	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BROADWAY DISCOUNT PHARMACY INC ATTN: JANEESA LARRO 315 S. BROADWAY CAMDEN, NJ 8103</p>
2.97	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BROADWAY PHARMACY ATTN: JASON TORGEZEN 1538 PITKIN AVE BROADWAY CARE INC. BROOKLYN, NY 11212</p>
2.98	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BROOKS PHARMACY ATTN: RYAN LAVARNWAY 4481 LAKESHORE RD RML PHARMACY, P.C. HAMBURG, NY 14075</p>
2.99	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>BSN MEDICAL 1 COTTONTAIL LANE SOMERSET, NJ 08873</p>
2.100	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>BUSHY RUN PHARMACY ATTN: STEVE DECRISCIO 2106 RT 130 3JB LLC, PO BOX 292 HARRISON CITY, PA 15636</p>



List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.101	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>STOCK REDEMPTION AGREEMENT DTD 2/15/2017</p> <p>BUTASH PHAMARCY C/O PAUL BUTASH 181 CONSTITUTION AVENUE JESSUP, PA 18434-1217</p>
2.102	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>CALIGOR RX ATTN: ELLIOT SAFDIE 1226 LEXINGTON AVE CALIGOR RX INC NEW YORK, NY 10028</p>
2.103	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>CANTON PHARMACY ATTN: JOSEPH P. LECH 7 TROY STREET CANTON, PA 17724</p>
2.104	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>CARE FIRST PHARMACY ATTN: LING LI 5612A 8TH AVENUE CF II INC. BROOKLYN, NY 11220</p>
2.105	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p> <p>CAREPOINT HEALTH PHARMACY ATTN: SNEHAL SHAH 308 WILLOW AVE HUMC PHARMACY INC HOBOKEN, NJ 7030</p>
2.106	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p> <p>CARWIN PHARM ASSOC LLC 1301 HWY 36 SUITE 11 HAZLET, NJ 07730</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.107	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CASEY'S PRESCRIPTION PAD, INC ATTN: HEATHER DERCK 5844 SOUTHWESTERN BLVD SUITE 300 HAMBURG, NY 14075
2.108	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CASTLE TOPP PHARMACY CORP. ATTN: LUIS ALMONTE 1370A CASTLE HILL AVE CASTLE AID PHARMACY CORP BRONX, NY 10462
2.109	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CEDENO'S PHARMACY-PERTH AMBOY ATTN: SNEHAL SHAH 400 STATE STREET CAREPOINT PHARMACY PERTH AMBOY, NJ 8861
2.110	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CENTER PHARMACY ATTN: SHIL PATEL 1108 LIBERTY AVENUE SAS PHARMA INC. HILLSIDE, NJ 7205
2.111	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	CENTRAL PARK DATA SYSTEMS, INC PO BOX 92 OLD BETHPAGE, NY 11804
2.112	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CHAMBER'S APOTHECARY ATTN: ROB NORRIS 278 LINCOLN WAY E. CHAMBER'S RX LLC CHAMBERSBURG, PA 17201

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.113	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CHASE PHARMACY ATTN: PATRICIA NYARKO 3632 WHITE PLAINS ROAD CHASE PHARMACY INC BRONX, NY 10467</p>
2.114	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CHRIST PHARMACY ATTN: SNEHAL SHAH 176 PALISADE AVENUE CAREPOINT HEALTH JERSEY CITY JERSEY CITY, NJ 7306</p>
2.115	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CHURCH AND SCOTT ATTN: DAVID ADSIT 5396 STATE HIGHWAY 28 P.O. BOX 671 COOPERSTOWN, NY 13326</p>
2.116	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	DISTRIBUTION SERVICES AGREEMENT DTD 10/1/2019	<p>CIRCASSIA PHARMACEUTICALS INC. 5151 MCCRIMMON PARKWAY, STE 260 MORRISVILLE, NC 27560</p>
2.117	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>CIRCASSIA 5151 MCCRIMMON PKWY #260 MORRISVILLE, NC 27560</p>
2.118	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CLARENCE PHARMACY LLC ATTN: JON VORREVERTER 9500 MAIN STREET SUITE 600 CLARENCE, NY 14031</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.119	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>CLASSIC SYSTEMS, INC. 86 GARDEN STREET WESTBURY, NY 11590</p>
2.120	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>CLEO COMMUNICATIONS US, LLC 4949 HARRISON AVE., SUITE 200 ROCKFORD, IL 61108</p>
2.121	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>CNB WEALTH MANAGEMENT 1150A PITTSFORD-VICTOR ROAD PITTSFORD, NY 14534</p>
2.122	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>COLFAX PHARMACY ATTN: MICHELLE PARADISO 2510 BELMAR BLVD. UNIT K-10 COLFAX SHOPPING CENTER WALL, NJ 7719</p>
2.123	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>COLLEGIUM 100 TECHNOLOGY CENTER DRIVE, SUITE 300 STOUGHTON, MA 02072</p>
2.124	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>COMFORT PHARMACY INC. ATTN: MAHMUD HOSSAIN 72-28 BROADWAY SNS DRUGS INC JACKSON HEIGHTS, NY 11372</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.125	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	SERVICES AGREEMENT	COMMERCIAL COLLECTION CORP. NY 34 SEYMOUR STREET PO BOX 288 TONAWANDA, NY 14150-0288
2.126	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	RDC ALLIANCE CUSTOMER AGREEMENT	COMMUNITY PHARMACY MT CARMEL ATTN: DEBBIE MEKOSH 49 S OAK STREET BELSKI COMMUNITY PHARMACY, INC MT. CARMEL, PA 17851
2.127	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	RDC ALLIANCE CUSTOMER AGREEMENT	CONCEPT MEDICAL (DG) ATTN: HILLEL BRULL 639 CHESTNUT STREET CONCEPT PHARMACY SERVICES LLC ASHLAND, PA 17921
2.128	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	RDC ALLIANCE CUSTOMER AGREEMENT	CONCORD PHARMACY ATTN: GREGORY G. GIAMBRONE 10220 ROUTE 60 GGG61 CORP FREDONIA, NY 14063
2.129	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	RDC ALLIANCE CUSTOMER AGREEMENT	COOKE'S PHARMACY, INC ATTN: ANDY HAFLETT 14 ELMIRA STREET TROY, PA 16947
2.130	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	IT SERVICES AGREEMENT	COPIER FAX BUSINESS TECH 465 ELLICOTT STREET BUFFALO, NY 14203

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.131	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>COPILLOT PROVIDER SUPPORT SERV 1981 MARCUS AVENUE LAKE SUCCESS, NY 11042</p>
2.132	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CORNER DRUG STORE ATTN: JOAN M. RYAN 1 WASHINGTON STREET RABBIT RABBIT CATTARAUGUS, NY 14719</p>
2.133	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CORNER PHARMACY INC. ATTN: MARTIN RUBIN 166 DIVISION AVENUE BROOKLYN, NY 11211</p>
2.134	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>CRESCENT PHARMACY ATTN: FARHANA 48 CENTRAL COURT GHAZI RX INC. VALLEY STREAM, NY 11580</p>
2.135	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>CRF LANDSCAPING 15 ADEANE DR EAST ROCHESTER, NY 14624</p>
2.136	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>CSC POST OFFICE BOX 13397 PHILADELPHIA, PA 19101-3397</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.137	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CSS PHARMACY INC ATTN: SAMMUEL OBENG 2043 GRAND CONCOURSE BRONX, NY 10453
2.138	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CUMBERLAND APOTHECARY, INC ATTN: ILANA PORTMAN 3300 MARKET STREET CAMP HILL, PA 17011
2.139	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	CURRAX PHARMACEUTICALS 10 NORTH PARK PLACE, SUITE 201 MORRISTOWN, NJ 07960
2.140	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CUSTOM CARE PHARMACY LLC ATTN: ADAM ROSINKSI 59 S. FRONT ST CUSTOM CARE PHARMACY SERVICES MILTON, PA 17847
2.141	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CUSTOM CARE PHARMACY- MILTON ATTN: ADAM ROSINKSI 57 S. FRONT STREET CUSTOM CARE PHARMACY, LLC MILTON, PA 17847
2.142	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CUSTOM CARE PHARMACY ATTN: ADAM ROSINKSI 1140 MILL ST CUSTOM CARE PHARMACY LLC DANVILLE, PA 17821

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.143	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CUSTOM CARE PHARMACY-SUNBURY ATTN: ADAM ROSINKSI 439 MARKET ST SUNBURY, PA 17801
2.144	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	CY'S ELMA PHARMACY ATTN: JOHN RUTOWSKI 2317 BOWEN RD, P O BOX 90 J. RUTOWSKI OF ELMA, INC. ELMA, NY 14059
2.145	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	DAIICHI SANKYO, INC 211 MT. AIRY ROAD BASKING RIDGE, NJ 07920
2.146	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	D'ALLEGRO'S PUBLIC SVC PHCY ATTN: JERRY ZNAK 252 WALNUT STREET JEMMISON HOLDING CORP NEWARK, NJ 7105
2.147	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	DAN HORN PHCY & HLTH SERVICES ATTN: JOSHUA HORN 111 E GREEN ST DANIEL J HORN OLEAN, NY 14760
2.148	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	DANISH PHARMACY ATTN: STEVEN ISRAEL 443 DEKALB AVE MACABEEA CORP. BROOKLYN, NY 11205



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.149	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DANWIN'S PHARMACY ATTN: DAN SAFEE 2186 EMPIRE BLVD DANWIN'S LLC WEBSTER, NY 14580</p>
2.150	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DEDRICK'S PHARMACY &amp; GIFTS ATTN: JARED NEKOS 190 MAIN STREET NEW PALTZ PHARMACY INC NEW PALTZ, NY 12561</p>
2.151	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DEER PARK PHARMACY ATTN: VINNIE RAGANO 1155 DEER PARK AVE SARVIN DRUGS INC NORTH BABYLON, NY 11703</p>
2.152	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DELMAR PHARMACY ATTN: BRIAN WALKER 1934 DELMAR DRIVE 1934 DELMAR PHARMACY INC FOLCROFT, PA 19032</p>
2.153	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DESTINY PHARMACY ATTN: AKINOLA SHASANYA 6037 WOODLAND AVENUE DESTINY PHARMACY OF AMERICA, INC PHILADELPHIA, PA 19142</p>
2.154	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DEXTER PRESCRIPTION CENTER INC ATTN: DAN RINEHARDT 1453 JEFFERSON AVE BUFFALO, NY 14208</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.155	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DIABETIC &amp; PRESCRIPTION CTR ATTN: BERNARD L. GELBARD 296 ROUTE 59 P.O. BOX 64 TALLMAN, NY 10982-0064</p>
2.156	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DIERKEN'S PHARMACY ATTN: ROBERT EKIERT 100 EAST MAIN ST KRYNICKI, INC MONONGAHELA, PA 15063</p>
2.157	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>DJ ORTHOPEDICS ,LLC 2900 LAKE VISTA DRIVE LEWISVILLE, TX 75067</p>
2.158	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DOBBINS DRUGS, INC. ATTN: SEAN DOBBINS 52 WILLIAM ST LYONS, NY 14489</p>
2.159	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>DOYLE SECURITY SYSTEMS, INC. PO BOX 1333 BUFFALO, NY 14240-1333</p>
2.160	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DRUG SHOPPE LLC ATTN: ANIEDI ETUK 2074 8TH AVENUE NEW YORK, NY 10026</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.161	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>DUSHORE PHARMACY ATTN: JOSEPH P. LECH 218 S GERMAN ST P.O. BOX 314 MJR, LTD. DUSHORE, PA 18614</p>
2.162	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>EAST PARK PHARMACY ATTN: HIREN PATEL 1 ROSE STREET WILLINGBORO, NJ 8046</p>
2.163	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>EASTSIDE PHARMACY ATTN: MICHAEL V. FORNATARO 708 E. WASHINGTON STREET MIKE'S APOTHECARY, INC. NEW CASTLE, PA 16101</p>
2.164	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>EASY CHOICE PHARMACY ATTN: TAO CHEN 6402 8TH AVE., STE 102 EASY CHOICE PHARMACY INC BROOKLYN, NY 11220</p>
2.165	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ELI LILLY AND COMPANY 1500 SOUTH HARDING STREET INDIANAPOLIS, IN 46221</p>
2.166	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ELIYAHU'S PHARMACY INC 573 KINGS HIGHWAY BROOKLYN, NY 11223</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ELLCOTTVILLE PHARMACY, INC. ATTN: BENJAMIN P GILROY 6133 RT 219 SUITE 1004 ELLCOTTVILLE, NY 14731</p>
2.168	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ELLIS NOTT STREET PHARMACY ATTN: MICHAEL PASQUARELLA 1101 NOTT STREET ELLIS NOTT STREET PHARMACY LLC SCHENECTADY, NY 12308</p>
2.169	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ELMHURST DRUGS ATTN: JORGE A. RESTREPO 84-04 BROADWAY BENJAMIN PHARMACY CORP. ELMHURST, NY 11373</p>
2.170	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ELMORA PHARMACY INC. ATTN: BEN HERTZ 162 ELMORA AVENUE DBA: ELMORA HEALTHCARE ELIZABETH, NJ 07202</p>
2.171	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>EMD SERONO, INC. ONE TECHNOLOGY PLACE ROCKLAND, MA 02370</p>
2.172	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>EMERGENCY POWER SYSTEMS, LLC 300 MILE CROSSING BLVD. ROCHESTER, NY 14624</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.173	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	ENCORE DERMATOLOGY 4900 GETTYSBURG RD COLUMBUS, OH 43220
2.174	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	D&O SIDE A INSURANCE COVERAGE	ENDURANCE AMERICAN INS. CO. (SOMPO INTERNATIONAL) 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
2.175	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	PRODUCT LIABILITY	EVEREST INDEMNITY INS. CO. 222 S. RIVERSIDE PLAZA #300 CHICAGO, IL 60606
2.176	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	FAIRPORT PHARMACY ATTN: PAULA J. LEWYCKYJ 650 WHITNEY RD SUITE K ATC CARE LLC FAIRPORT, NY 14450
2.177	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	FALCON EXPRESS & COURIER 947 UNDERWOOD ROAD OLYPHANT, PA 18447
2.178	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	FAMILY 1 PHARMACY ATTN: KAUSNAL PATEL 4005 VETERAN'S HIGHWAY SHRI SANTRAM CORP LEVITTOWN, PA 19056

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.179	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FAMILY HEALTH PHARMACY LLC ATTN: MANYEE CHIN 8510 18TH AVENUE BROOKLYN, NY 11214</p>
2.180	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FARIS PHARMACY INC. ATTN: GEORGE FARIS 2050 LATTA RD ATTN: SUPERVISING PHARMACIST ROCHESTER, NY 14612</p>
2.181	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FARMACIA HONEYWELL NY INC ATTN: SADAF KHAN 882 EAST 180TH ST BRONX, NY 10460</p>
2.182	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FINO'S REXALL PHCY ATTN: DOMINICK FINO 3 MAIN ST FINOS PHARMACY (DALLAS), L.L.C. DALLAS, PA 18612</p>
2.183	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FIRST CLASS PHARMACY LLC ATTN: JASON VIZIROV 7316 FRANKFORD AVE 1ST FLOOR PHILADELPHIA, PA 19136</p>
2.184	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>FIRSTLIGHT 7890 LEHIGH CROSSING VICTOR, NY 14564</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.185	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FISHERS PHARMACY ATTN: MISTY NICODEMUS 654 EAST PITT STREET LEM 4 LTD. BEDFORD, PA 15522</p>
2.186	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>FOAMIX PHARMACEUTICALS 520 U.S. HIGHWAY 22 SUITE 204 BRIDGEWATER, NJ 08807</p>
2.187	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 11/1/2017	<p>FOCUS EXPRESS MAIL PHARMACY C/O JOEL SHIGEL 57 MISTY MEADOW DRIVE RICHBORO, PA 18954</p>
2.188	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 3/30/2018	<p>FORSTER'S PHARMACY, INC. C/O DON &amp; LYNN DALY 14 BRAUNVIEW WAY ORCHARD PARK, NY 14127</p>
2.189	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FOUR CORNERS PHARMACY LLC ATTN: PAUL B. PAGNOTTA 360 DELAWARE AVENUE DELMAR, NY 12054</p>
2.190	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FOUR STAR PHARMACY 2, LLC ATTN: SIDNEY MBAH 6542 LEBANON AVE FOUR STAR PHARMACY 2 PHILADELPHIA, PA 19151</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.191	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FOUR STAR PHARMACY LLC ATTN: SIDNEY MBAH 7024 ELMWOOD AVENUE PHILADELPHIA, PA 19142</p>
2.192	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FREDS PHARMACY LLC ATTN: FRED DOLTZ 75 QUAKER STREET D/B/A FRED'S GRANVILLE PHARMACY GRANVILLE, NY 12832</p>
2.193	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FREWSBURG PHARMACY ATTN: GREG NELSON 26 W. MAIN ST., PO BOX 503 PROFESSIONAL COMMUNITY PHCY'S, INC FREWSBURG, NY 14738</p>
2.194	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>FRONTIER COMMUNICATIONS ATTN: ROB WEAVER, BA MANAGER 7979 N BELT LINE RD. IRVING, TX 75063</p>
2.195	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>FRONTIER PHARMACY ATTN: THOMAS TOALE 1216 WEST 6TH STREET ERIE, PA 16507</p>
2.196	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>FRONTIER PO BOX 740407 CINCINNATI, OH 45274</p>



List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.197	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GAGA PHARMACY INC. ATTN: TAO CHEN 90-05 CORONA AVE ELMHURST, NY 11373
2.198	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	GALEN US INC. 2661 AUDUBON ROAD AUDUBON, PA 19403
2.199	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GANNETT CORNELL UNIV ATTN: TRACEY DENARDO GANNETT HEALTH CENTER HO PLAZA UNIV HLTH SRVS ITHACA, NY 14853
2.200	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GARDEN PHARMACY ATTN: EILEEN PUCCI 2467 HIGHWAY 33 NEW GARDEN PHARMACY INC. NEPTUNE, NJ 7753
2.201	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GATEWAY PHARMACY INC ATTN: MUJJAHD HUQ 1184 ELTON STREET BROOKLYN, NY 11239
2.202	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GENESEE CAMPUS APOTHECARY ATTN: LAURA SPEIDEL 89 GENESEE STREET PARK RIDGE APOTHECARY INC ROCHESTER, NY 14611

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.203	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GEO PHARMACY INC (DG) ATTN: ABDUL AZIZ 685 CONEY ISLAND AVENUE BROOKLYN, NY 11218
2.204	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GEROULD'S PROF. PHCY INC. ATTN: FRANK STEED 130 SOUTH MAIN STREET P.O. BOX 4067 ELMIRA, NY 14904
2.205	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GEROULD'S PROF. PHCY INC. ATTN: FRANK STEED 215 HOFFMAN STREET ELMIRA, NY 14905
2.206	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GEROULD'S PROF. PHCY INC. ATTN: FRANK STEED 2887 WESTINGHOUSE RD HORSEHEADS, NY 14845
2.207	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GIG PHARMACY ATTN: SAMMUEL OBENG 3405 JEROME AVENUE GIG PHARMACY INC. BRONX, NY 10467
2.208	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	MASTER SERVICE AGREEMENT FOR PRODUCT DISTRIBUTION DTD 10/1/2019	GLAXOSMITHKLINE LLC ATTN: CAROLYN BECKETT 5 CRESCENT DRIVE PHILADELPHIA, PA 19112

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.209	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	GLAXOSMITHKLINE 184 LIBERTY CORNER RD WARREN, NJ 07059
2.210	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GLOBAL DRUGS INC ATTN: JEFFREY SHING 5516 7TH AVENUE GLOBAL DRUGS BROOKLYN, NY 11220
2.211	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GOOD DAY PHARMACY ATTN: DARRIN SILBAUGH 2025 TECHNOLOGY PARKWAY GDD PHARMACY SERVICES INC MECHANICSBURG, PA 17050
2.212	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GOOD LIFE PHARMACY ATTN: SAMUEL OBENG 2366 GRAND CONCOURSE BEST STOP PHARMACY INC BRONX, NY 10458
2.213	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GOODWILL COMMUNITY PHCY., LLC ATTN: UCHE DAVIS 5002 WAYNE AVENUE PHILADELPHIA, PA 19144
2.214	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GRANDBROOK PHARMACY INC ATTN: GHULAM MURTAZA 642 SUTTER AVE. BROOKLYN, NY 11207

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.215	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	PROPERTY	GREAT NORTHERN INS. CO. (CHUBB) 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036
2.216	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GREEN STREET PHARMACY ATTN: JOHN & NICOLE PAGANO 131 E. GREEN STREET / STE 2 ADDISON'S APOTHECARY INC ITHACA, NY 14850
2.217	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	GREENBAUM'S PHARMACY, INC (DG) ATTN: MATTY GREENBAUM 42 MAIN STREET MONSEY, NY 10952
2.218	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	GUARANTEED RETURNS 100 COLIN DR. HOLBROOK, NY 11741
2.219	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HALLMARK PHARMACY ATTN: PABLO RESTREPO 8285 BROADWAY ACO DRUGS INC. ELMHURST, NY 11373
2.220	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	HAMACHER RESOURCE GROUP 8801 W. HEATHER AVENUE MILWAUKEE, WI 53224

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.221	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HANCOCK PHARMACY II, LLC ATTN: RAMA L. DEVADI 1020 FAIRFIELD AVE. BRIDGEPORT, CT 6605
2.222	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HANCOCK PHARMACY III ATTN: ANUR KURRA 3768 MAIN ST HANCOCK PHARMACY III LLC BRIDGEPORT, CT 6606
2.223	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HANNIBAL PHARMACY ATTN: JONATHAN HESS 450 FULTON ST, SUITE 300 HESS HEALTHCARE, LLC HANNIBAL, NY 13074
2.224	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HANOVER PHARMACY ATTN: MICHAEL AUSLANDER 434 RIDGE DALE AVENUE HANOVER HEALTHCARE, LLC EAST HANOVER, NJ 7936
2.225	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HARRISBURG PHARMACY ATTN: DARRIN SILBAUGH 2645 NORTH 3RD STREET STE 180 GDD PHARMACY SERVICES, INC HARRISBURG, PA 17110
2.226	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 9/1/2017	HARVEY'S MEDICAL CENTER OF SYRACUSE NY A/K/A HARVEY'S MEDICAL CENTER C/O GARY BROTHERS 5818 INNSBRUCK ROAD EAST SYRACUSE, NY 13057

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.227	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HEALTHPRO PHARMACY INC ATTN: RICHARD HAYNES 217 SCHENECTADY AVENUE BROOKLYN, NY 11213</p>
2.228	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HEALTH-WISE PHARMACY ATTN: ISMAT CHAUDHARY 1233 NOSTRAND AVE ESTABLISHED DRUGS INC BROOKLYN, NY 11225</p>
2.229	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HEAVEN AID PHARMACY ATTN: STEPHEN M. MENSAH 2385 GRAND CONCOURSE SKG OF NEW YORK INC BRONX, NY 10468</p>
2.230	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>HELSINN THERAPEUTICS(US) INC 170 WOOD AVE SOUTH, 5TH FLOOR ISELIN, NJ 08830</p>
2.231	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HI TECH PHARMACY INC ATTN: MONA ELSHEEMY 5806 4TH AVE WELLBEING PHARMACY CORP BROOKLYN, NY 11220</p>
2.232	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>HIGHLANDER EQUIPMENT COMPANY 110 CLYDE ROAD SOMERSET, NJ 08873</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.233	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HILTON FAMILY PHARMACY ATTN: STEVEN L. GIROUX 32 MAIN ST ROSENKRANS PHARMACY INC. HILTON, NY 14468</p>
2.234	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HOME &amp; HOME PHARMACY ATTN: CHEN YI 86-18 WHITNEY AVE HOME &amp; HOME PHARMACY INC ELMHURST, NY 11373</p>
2.235	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HONG KONG PHARMACY ATTN: KIN WING KWONG (KEN) 6714 FORT HAMILTON PARKWAY HONG KONG CARE, INC. BROOKLYN, NY 11219</p>
2.236	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HOPE &amp; CARE LLC ATTN: SUN HWANG 7050 TERMINAL SQUARE SUITE 208 DBA HOPE PHARMACY UPPER DARBY, PA 19082</p>
2.237	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>HOPEWELL DRUGSTORE INC. ATTN: STEVEN BELLANTONI 410 ROUTE 376, SUITE 3 HOPEWELL DRUGSTORE HOPEWELL JUNCTION, NY 12533</p>
2.238	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>HORIZON MEDICINES LLC 150 S. SAUNDERS ROAD LAKE FOREST, IL 60045</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.239	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	HORIZON THERAPEUTICS USA 150 S. SAUNDERS ROAD LAKE FOREST, IL 60045
2.240	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HOWARD BEACH APOTHECARY ATTN: JEFFREY LIBERMAN 15840 CROSSBAY BLVD HOWARD BEACH APOTHECARY INC HOWARD BEACH, NY 11414
2.241	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	HUGHES ENVIRONMENTAL ENGINEER 14 LEIGHTON PLACE MAHWAH, NJ 07430
2.242	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	HUIKANG PHARMACY INC ATTN: KIN WING KWONG & HYUNHEE KIM 6410 8TH AVENUE 1A BROOKLYN, NY 11220
2.243	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	I CARE PHARMACY ATTN: GEORGE DZHURAYEV 200B LIVINGSTON STREET MILEAH INC BROOKLYN, NY 11201
2.244	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	IAM ROBOTICS LLC 12 SOUTH AVENUE SEWICKLEY, PA 15143



List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.245	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>IAM ROBOTICS LLC 12 SOUTH AVENUE SEWICKLEY, PA 15143</p>
2.246	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>IBM CORPORATION 3039 E CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709</p>
2.247	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>IBSA PHARMACEUTICALS. 8 CAMPUS DRIVE, SUITE 201 PARSIPPANY, NJ 07054</p>
2.248	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>IDEAL PHARMACY INC ATTN: ISMAT CHAUDHARY 5409 5TH AVENUE BROOKLYN, NY 11220</p>
2.249	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>IMPERIAL COMMERCIAL CLEANING 151 DIXON AVE AMITYVILLE, NY 11701</p>
2.250	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>ING SOURCE, INC 1340 14TH AVE CT SW HICKORY, NC 28602</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.251	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	INTERCEPT SECURITY 1900 EMPIRE BLVD, PMB #250 WEBSTER, NY 14580
2.252	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	IQVIA / BUZZEO PDMA LLC 1025 BOULDERS PKWY RICHMOND, VA 23225
2.253	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	IRONSHORE PHARMA 430 DAVIS DRIVE SUITE 250 DURHAM, NC 27560
2.254	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	DISTRIBUTION SERVICES AGREEMENT DTD 9/11/2019	IRONSHORE PHARMACEUTICALS INC. 2370 ST. RD 70 W SUITE 309 CHERRY HILL, NJ 08002
2.255	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	EXCESS PRODUCT LIABILITY	IRONSHORE SPECIALTY INS. CO. 300 SOUTH WACKER 7TH FLOOR CHICAGO, IL 60606
2.256	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	IRONWOOD PHARMA 100 SUMMER STREET SUITE 2300 BOSTON, MA 02110

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.257	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ISHAM BROADWAY PHARMACY INC. ATTN: SATYANARAYANA NICK NEKKANTI 4996 BROADWAY NEW YORK, NY 10034
2.258	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	ITX CORP. 1 SOUTH CLINTON AVE 9TH FLOOR ROCHESTER, NY 14604
2.259	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	IVYLEA PHARMACY, INC. ATTN: CHARLES P. BARONE 2446 ELMWOOD AVE KENMORE, NY 14217
2.260	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	J & D PHARMACY ATTN: DANIEL ARIYEV 71-68 YELLOWSTONE BLVD QUALITY LIFE PHARMACY CORP FOREST HILLS, NY 11375
2.261	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	J&B PHARMACY/FAST AID PCY (DG) ATTN: POLINA ALTMAN 2807 OCEAN AVENUE FAST AID PHARMACY INC. BROOKLYN, NY 11229
2.262	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	JEFFERSON VALLEY PHARMACY, INC ATTN: DANIEL BECKER 3693 HILL BLVD. JEFFERSON VALLEY, NY 10535

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.263	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>JOHNSON CONTROLS FIRE PROTECTION LP DEPT. CH 10320 PALATINE, IL 60055-0320</p>
2.264	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>J-O-M PHARMACEUTICALS PO BOX 200 TITUSVILLE, NJ 08560</p>
2.265	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>JUNCTION PHARMACY (DG) ATTN: CARMEN RIVERA 2109 NOSTRAND AVE ALLPHARMA, INC BROOKLYN, NY 11210</p>
2.266	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>JUST HERE PHARMACY II LLC ATTN: JOHN BENNIN 2859 N. 22ND ST. JUST HERE II, LLC PHILADELPHIA, PA 19132</p>
2.267	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>JUST HERE PHARMACY LLC ATTN: KWABENA BOAKYE 3800 N BROAD ST UNIT 2 DBA JUST HERE PHARMACY PHILADELPHIA, PA 19140</p>
2.268	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>K&amp;K PHARMACY ATTN: SAMIN SHAH 187 MILL STREET ALRINGTON PHARMACY INC. LIBERTY, NY 12754</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.269	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	KALA PHARMACEUTICALS 490 ARSENAL WAY SUITE 120 WATERTOWN, MA 02472
2.270	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	DISTRIBUTION PURCHASE AND SERVICES AGREEMENT DTD 7/1/2019	KALA PHARMACEUTICALS, INC. ATTN: EXECUTIVE DIRECTOR 490 ARSENAL WAY, SUITE 120 WATERTOWN, MA 02472
2.271	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	DISTRIBUTION PURCHASE AND SERVICES AGREEMENT DTD 7/1/2019	KALA PHARMACEUTICALS, INC. ATTN: GENERAL COUNSEL 490 ARSENAL WAY, SUITE 120 WATERTOWN, MA 02472
2.272	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	KASHMIR DRUG MART ATTN: ANGELICA GONZALEZ 1172 CONEY ISLAND AVE MEDEX PHARMACY INC. BROOKLYN, NY 11230
2.273	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	KELLY'S PHARMACY, INC. ATTN: MARTIN KELLY 34 HOPE PLAZA WEST COXSACKIE, NY 12192
2.274	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	KELLY'S PHARMACY, INC. ATTN: MARTIN KELLY 4852 RT 81 GREENVILLE, NY 12083

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.275	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>KENBY DRUGS ATTN: ALEX TAFT 6024 5TH AVENUE TAFT'S PHARMACY INC BROOKLYN, NY 11220</p>
2.276	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>KERYX 1 MARINA PARK DRIVE BOSTON, MA 02210</p>
2.277	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 7/1/2016	<p>KHAN PHARMACY, INC. C/O MASOOD KHAN 2540 GOSLING ROAD PLANO, TX 76075</p>
2.278	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>KINGS HWY PHARMACY &amp; MED SUPPL 1416 KINGS HIGHWAY HEALTH IS WEALTH BROOKLYN, NY 11229</p>
2.279	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>KINGSWAY PHARMACY (DG) ATTN: ALEX GOLDENBERG 250 KINGS HIGHWAY SR AND AG CORP. BROOKLYN, NY 11223</p>
2.280	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>KLEIN PHARMACY INC. PELHAM ATTN: NADEEM KAUSAR 123 FIFTH AVENUE PELHAM, NY 10803</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.281	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	KONICA MINOLTA BUSINESS SOLUTIONS USA INC. DEPT CH 19188 PALATINE, IL 60055-9188
2.282	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	KOWA PHARMACEUTICALS 530 INDUSTRIAL PARK BLVD. MONTGOMERY, AL 36117
2.283	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	L & M DISPOSAL LLC P O BOX 281 IRONIA, NJ 07845
2.284	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	L & S PHARMACY INC (DG) ATTN: RACHEL REYENTOVICH, SOFIA LILENSHTEIN 424 BRIGHTON BEACH AVE BROOKLYN, NY 11235
2.285	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	LAKEWOOD APOTHECARY ATTN: JAMES ROVEGNO 130 CHAUTAUQUA AVE NATURAL HEALTH CENTER INC LAKEWOOD, NY 14750
2.286	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	LARWOOD PHARMACY INC ATTN: REBECCA ALMOND 597 OAKWOOD AVE EAST AURORA, NY 140522333

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.287	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>LASERSHIP P. O. BOX 901700 CLEVELAND, OH 44190-1700</p>
2.288	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LAUREL LONG TERM CARE PHARMACY ATTN: WALTER J. LIZZA 278 MCCLELLANDTOWN RD. LIZZA PHARMACEUTICAL INC UNIONTOWN, PA 15401</p>
2.289	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>LEADIANT BIOSCIENCES 9841 WASHINGTONIAN BLVD. SUITE 500 GAITHERSBURG, MD 20878</p>
2.290	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LECH'S PHARMACY - LACEYVILLE ATTN: JOSEPH P. LECH 415 MAIN STREET PO BOX 8 LACEYVILLE, PA 18623</p>
2.291	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LECH'S PHARMACY - NICHOLSON ATTN: JOSEPH P. LECH 291 MAIN STREET P.O. BOX 600 NICHOLSON, PA 18446</p>
2.292	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>LEGISYM 7363 WEST ADAMS AVENUE SUITE 101 TEMPLE, TX 76502</p>



List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.293	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LEMBERG'S PHARMACY (DG) ATTN: RYAN CURRAN 191 NEPTUNE AVENUE GREENPLUS PHARMACY INC BROOKLYN, NY 11235</p>
2.294	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LENOX PHARMACY, INC. ATTN: SCOTT MULLER 5879 SR 92 SUITE 3 LENOX PLAZA KINGSLEY, PA 18826</p>
2.295	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>LEO PHARMA INC. 7 GIRALDA FARMS MADISON, NJ 07940</p>
2.296	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LEONARD'S PHARMACY (DBA) ATTN: THERESA DEFRANCESCO 107 WEST MARKET STREET J M MARCHESE DRUGS, INC. SCRANTON, PA 18508</p>
2.297	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LEVIN'S PHARMACY INC. ATTN: FRED RIGEL 364 LONG BEACH RD DBA LEVIN'S PHARMACY OCEANSIDE, NY 11572</p>
2.298	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>LIAISON TECHNOLOGIES, INC. 3157 ROYAL DRIVE SUITE 200 ALPHARETTA, GA 30022</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.299	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LIMA VILLAGE PHARMACY, LLC ATTN: JOHN TOMPKINS 7298 W. MAIN STREET PO BOX 654 LIMA, NY 14485</p>
2.300	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LIN'S PHARMACY ATTN: BO LIN 4307 8TH AVE YI RUI INTERNATIONAL CORP BROOKLYN, NY 11232</p>
2.301	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LIVE WELL PHARMACY@RISING SUN ATTN: TRULONG LUU 5805 RISING SUN AVE PHILADELPHIA, PA 19120</p>
2.302	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LIVONIA PHARMACY ATTN: SALLY BROOKS 5975 BIG TREE RD / P.O. BOX 414 LIVONIA-LAKEVILLE PHARMACY INC LAKEVILLE, NY 14480</p>
2.303	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LIZZA'S APOTHECARE PHARMACY ATTN: WALTER J. LIZZA 173 MORGANTOWN STREET CHERRY TREE PHARMACY, INC. UNIONTOWN, PA 15401</p>
2.304	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>LOWE DRUGS LTC ATTN: STEVE DEMAIO 14 LAWRENCE AVENUE TMS PHARMACEUTICALS INC. SMITHTOWN, NY 11787</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.305	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	LOWERS PHARMACY, INC ATTN: JOHN MOBUS 33 E MAIN ST EVERETT, PA 15537
2.306	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	LUCAS SYSTEMS, INC. 11279 PERRY HIGHWAY 4TH FLOOR WEXFORD, PA 15090
2.307	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	M & F PHARMACY INC ATTN: TARID KIDWAI 712 NOSTRAND AVENUE BROOKLYN, NY 11216
2.308	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MADINA PHARMACY, INC. ATTN: MOHAMMED SIDDIQUI 1105 BROADWAY ST., STE 8 BUFFALO, NY 14212
2.309	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MAIN PHARMACY OF BOONTON INC. ATTN: JOHN CANTALUPPI 203 MAIN STREET BOONTON, NJ 7005
2.310	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MAINLINE LTC PHARMACY ATTN: STEVE DECRISCIO 617 MAIN STREET SUITE 1 - GERALD MICHAEL MOSCHGAT PORTAGE, PA 15946

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.311	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MAINLINE PHARMACY DAVIDSVILLE ATTN: STEVE DECRISCIO 118 N MAIN ST 3JB, LLC DAVIDSVILLE, PA 15928</p>
2.312	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MAINLINE PHARMACY EBENSBURG ATTN: STEVE DECRISCIO 3720 NEW GERMANY ROAD EBENSBURG, PA 15931</p>
2.313	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MAINLINE PHARMACY NANTY GLO ATTN: STEVE DECRISCIO 1049 SHOEMAKER ST MAINLINE PHARM NANTY GLO NANTY GLO, PA 15943</p>
2.314	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MAINLINE PHARMACY PORTAGE ATTN: STEVE DECRISCIO 619 MAIN STREET PORTAGE, PA 15946</p>
2.315	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MAINLINE PHARMACY SOMERSET ATTN: STEVE DECRISCIO 168 W MAIN ST SOMERSET, PA 15501</p>
2.316	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>MANHATTAN ASSOCIATES PO BOX 405696 ATLANTA, GA 30384-5696</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.317	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>MANNKIND CORPORATION 30930 RUSSELL RANCH ROAD SUITE 300 WESTLAKE VILLAGE, CA 91362</p>
2.318	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MANNYRX INC. ATTN: MANUEL RAMIREZ 4953 BROADWAY DBA DICHTER PHARMACY NEW YORK, NY 10034</p>
2.319	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MARIANNE PHARMACY ATTN: KEN OMECINSKI 21159 PAINT BLVD , SUITE 1 CLARION DEVELOPMENT CORP SHIPPENVILLE, PA 16254</p>
2.320	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>MARK IV TRANSPORTATION 82 JOHN MILLER WAY KEARNY, NJ 07032</p>
2.321	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MARKET STREET APOTHECARY LLC ATTN: KAREN HOGUE 78 WEST MARKET STREET CORNING, NY 14830</p>
2.322	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MATTHEWS PHARMACY ATTN: AILEEN MATTHEWS 101 CANAL ST DBA - MATTHEWS PHARMACY INC ELLENVILLE, NY 12428</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.323	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	MAYNE PHARMA 3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609
2.324	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MCLAUGHLINS DRUG STORE ATTN: UJWALA KASARLA 182 BUCHANAN TRAIL, SUITE 150 SVM3 PHARMA, INC MCCONNELLSBURG, PA 17233
2.325	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MEAD SQUARE PHARMACY, INC. ATTN: CHRISTOPHER CASEY 53 W MAIN STREET VICTOR, NY 14564
2.326	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MEDICAL ARTS CHEMISTS ATTN: ALFRED BERKOVITS 5504 13TH AVENUE F & D PHARMACY INC. BROOKLYN, NY 11219
2.327	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MEDICAL CENTER PHARMACY INC. ATTN: TONY SEMENTILLI 571 EAST 184TH STREET DBA MEDICAL CENTER PHARMACY BRONX, NY 10458
2.328	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	MEDICAL DEVELOPMENTS INTL 4 CARIBBEAN DRIVE SCORESBY VICTORIA 03179 AUSTRALIA

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.329	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MEDICINE CHEST PHARMACY ATTN: LEWIS KLEIN 408 BLOOMING GROVE TURNPIKE RRS RX INC. NEW WINDSOR, NY 12553</p>
2.330	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MEDINA PHARMACY, INC ATTN: JOLLY CHENG 5721 5TH AVE BROOKLYN, NY 11220</p>
2.331	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MEDVED'S PHARMACY ATTN: RUDY MEDVED 536 MCKEAN AVENUE CHARLEROI, PA 15022</p>
2.332	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MEDWAY PHARMACY, INC. ATTN: KAEALYN LEE 1914 86TH ST BROOKLYN, NY 11214</p>
2.333	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MEGA AID PHARMACY, INC. ATTN: CRAIG LIEBERT 3112 MERMAID AVENUE BROOKLYN, NY 11224</p>
2.334	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>MELINTA THERAP INC 44 WHIPPANY RD MORRISTOWN, NJ 07960</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.335	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MENDON PHARMACY ATTN: JOHN TOMPKINS 51 ASSEMBLY DR JT TOMPKINS PHARMACIST LLC. MENDON, NY 14506</p>
2.336	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>MERCK &amp; COMPANY, INC. 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033</p>
2.337	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	MERCK PRODUCT DISTRIBUTION PROGRAM DTD 4/1/2010	<p>MERCK SHARP &amp; DOHME CORP. MERCK ORDER MANAGEMENT CENTER P.O. BOX 4, ZB-750 WEST POINT, PA 19486</p>
2.338	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MERIDIAN AMBULATORY PHARMACY ATTN: ROBERT J. SCHENK JR. 425 JACK MARTIN BLVD MERIDIAN HOSPITAL CORP BRICK, NJ 8724</p>
2.339	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MERIDIAN PHARMACY NEPTUNE ATTN: ROBERT J. SCHENK JR. 1945 ROUTE 33 MERIDIAN HOSPITAL CORP NEPTUNE, NJ 7754</p>
2.340	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MERIDIAN PHARMACY RIVERVIEW ATTN: ROBERT J. SCHENK JR. 1 RIVERVIEW PLAZA MERIDIAN HOSPITAL CORP RED BANK, NJ 7701</p>



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.341	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MERK CHEMISTS ATTN: ANTHONY MANGIARACEMA 973 MCLEAN AVE ACRX, LLC YONKERS, NY 10704</p>
2.342	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MERMAID RX INC ATTN: RYAN CURRAN 23-11 MERMAID AVE ASCENSION PHARMACY HOLDINGS LLC BROOKLYN, NY 11224</p>
2.343	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>METRO DRUGS 3RD AVE CORP ATTN: JOSEPH TAWIL 931 LEXINGTON AVE NEW YORK, NY 10065</p>
2.344	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>METRO DRUGS HOBOKEN, LLC ATTN: JOSEPH TAWIL 79 HUDSON STREET, SUITE 302 HOBOKEN, NJ 7030</p>
2.345	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>MICROSOFT CORP ONE MICROSOFT WAY REDMOND, WA 98052</p>
2.346	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MIDDLEPORT FAMILY HEALTH CTR ATTN: STEVEN L. GIROUX 81 ROCHESTER RD MODEN-GIROUX INC PO BOX 188 MIDDLEPORT, NY 14105</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.347	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MIGUEL'S PHARMACY ATTN: MIGUEL ARRIAGA 3213 RIVER RD RIVERCARE SOLUTIONS LLC CAMDEN, NJ 8105</p>
2.348	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MILL HALL PHARMACY, INC ATTN: CHRISTOPHER J. FREEMAN 260 MAIN ST MILL HALL, PA 17751</p>
2.349	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MILL RUN COMMUNITY PHCY ATTN: JOHN D. PETRUSO, JR. 404 NORTH ST MILL RUN APOTHECARY, INC. MEADVILLE, PA 16335</p>
2.350	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MILLENNIA RX CORP. ATTN: ILYA YAKUBOV 469 W 125TH ST MILLENNIA RX CORP NEW YORK, NY 10027</p>
2.351	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MILLENNIUM PHARMACY INC. ATTN: MASHUKUR RAHMAN 3420 FULTON STREET BROOKLYN, NY 11208</p>
2.352	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MINERSVILLE PHARMACY, INC. ATTN: BONNIE LEE BOBBS 106 SUNBURY STREET MINERSVILLE, PA 17954</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.353	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	MIST PHARMACEUTICALS, LLC 11 COMMERCE DR, 1 CRANFORD, NJ 7016
2.354	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	MODERN GROUP POWER SYSTEMS 2501 DURHAM RD BRISTOL, PA 19007
2.355	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MODNUR PRESCRIPTION PHARMACY ATTN: RAO MESINENI 52 KEEFER DRIVE SVM1 PHARMA, INC MERCERSBURG, PA 17236
2.356	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MODNURX INC PHARMACY ATTN: RAVI NALLA 4495 LINCOLN WAY WEST SVM2 PHARMA, INC SAINT THOMAS, PA 17252
2.357	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	MONTROSE MEDICAL ARTS PHARM ATTN: NABIL KHALIFE 100 HOSPITAL DRIVE ENDLESS MTS HLTH SYSTEM, INC. MONTROSE, PA 18801
2.358	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	MERCK PRODUCT DISTRIBUTION PROGRAM DTD 4/1/2010	MSP DISTRIBUTION SERVICES, LLC MERCK ORDER MANAGEMENT CENTER P.O. BOX 4, ZB-750 WEST POINT, PA 19486

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.359	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>MT. HOLLY PHARMACY ATTN: PRASAD MEDAVARAPU 1613 ROUTE 38 UNIT 5 PHARMARAMA LLC LUMBERTON, NJ 8048</p>
2.360	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NAPLES APOTHECARY, INC ATTN: ANN F. RITZLER 129 S MAIN ST P.O. BOX 158 NAPLES, NY 14512</p>
2.361	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	FLOOD INSURANCE COVERAGE	<p>NATIONWIDE 1 NATIONWIDE PLAZA COLUMBUS, OH 43215</p>
2.362	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NEIGHBORX PHARM AT PEARL RIVER ATTN: SARAH FRATTO 139 NORTH MIDDLETOWN ROAD PEARL RIVER CHEMISTS INC. PEARL RIVER, NY 10965</p>
2.363	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NEIGHBORX PHARMACY AT ORMC ATTN: RORY GARLAND 707 EAST MAIN STREET EAST MAIN STREET CHEMISTS, INC MIDDLETOWN, NY 10940</p>
2.364	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NEIGHBORX PHARMACY ATTN: RORY GARLAND 331 ROUTE 211 EAST MIDDLETOWN CHEMISTS INC. MIDDLETOWN, NY 10940</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.365	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p>	<p>NEOS 2940 N. HWY 360 SUITE 400 GRAND PRAIRIE, TX 75050</p>
2.366	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p>	<p>NEPHRO-TECH, INC. 6425 NIEMAN ROAD SHAWNEE, KS 66203</p>
2.367	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT</p>	<p>NEW AMERICAN THERAP 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054</p>
2.368	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>NEW RX PHARMACY INC ATTN: YU ZHENG WANG 42-07 KISSENA BLVD FLUSHING, NY 11355</p>
2.369	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>NEW STANTON PHARMACY ATTN: JAMES RISTWAY 144 POST AVE RISTWAY, INC. NEW STANTON, PA 15672</p>
2.370	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>NEW YORK CHEMISTS INC. ATTN: CHRIS TSAMIS 77 CHRISTOPHER STREET NEW YORK, NY 10014</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.371	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>NEXTIVA, INC. 8800 E. CHAPARRAL RD SUITE 300 SCOTTSDALE, AZ 85250</p>
2.372	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NL PHARMACY LLC ATTN: MICHELLE GOOLAB/JOEL WEINER 475 NEW LOTS AVENUE NEW LOTS PHARMACY BROOKLYN, NY 11207</p>
2.373	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>NODEN PHARMA 2800 DISCOVERY DRIVE, SUITE 100 ORLANDO, FL 32826</p>
2.374	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NORTH PHILLY PHARMACY ATTN: BRUCE GOLDBERG 118 DIAMOND STREET BHS PHARMACY INC. PHILADELPHIA, PA 19122</p>
2.375	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NORTH STREET PHARMACY, INC. ATTN: STEVE GRAY 200 NORTH STREET STE 103 GENEVA, NY 14456</p>
2.376	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>NOVARTIS PHARMACEUTICALS ONE HEALTH PLAZA EAST HANOVER, NJ 07936-1080</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.377	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>NTIS 5301 SHAWNEE RD ALEXANDRIA, VA 22312</p>
2.378	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NUEVA LUZ PHARMACY INC. ATTN: DIANA RESTREPO 80-09 37TH AVENUE JACKSON HEIGHTS, NY 11372</p>
2.379	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NUNDA FAMILY PHARMACY LLC ATTN: JEREMIAH AXTELL 12 NORTH STATE STREET P O BOX 518 NUNDA, NY 14517</p>
2.380	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NURSING SERVICE PRIMECARE ATTN: MIKE RUANE 310 ADAMS AVE 2ND FLOOR PRIME CARE PHARMACY SERVICES INC SCRANTON, PA 18503</p>
2.381	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>NZ PHARMACY INC ATTN: MUHAMMAD A. MURAD 1296 NOSTRAND AVENUE BROOKLYN, NY 11226</p>
2.382	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OAK PARK PHARMACY ATTN: MOHAMMED PATEL 205 PROSPECT PRK WEST BESAEI CORP. BROOKLYN, NY 11215</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.383	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OAKFIELD FAMILY PHARMACY ATTN: STEVEN L. GIROUX 40 MAIN STREET ROSENKRANS PHARMACY INC OAKFIELD, NY 14125</p>
2.384	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>OFFSITE DATA SYNC.COM. INC PO BOX 102358 PASADENA, CA 91189-2358</p>
2.385	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OLD BRIDGE DRUGS &amp; SURGICAL ATTN: CHRISTOPHER ROSARIO 200 PERRINE RD SUITE 200B OLD BRIDGE, NJ 8857</p>
2.386	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OLD FAMILY PHARMACY INC ATTN: E. AKSECAUD 1909 KINGS HIGHWAY THRIFTWAY PHARMACY BROOKLYN, NY 11229</p>
2.387	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OLDE CANAL PHARMACY, INC. ATTN: MICHAEL WELCH 201 SCOTTSVILLE-WEST HENRIETTA ROAD SUITE 1 WEST HENRIETTA, NY 14586</p>
2.388	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>OLDE CANAL PHARMACY, INC. ATTN: MICHAEL WELCH 201 SCOTTSVILLE-WEST HENRIETTA ROAD SUITE 9 WEST HENRIETTA, NY 14586</p>



List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.389	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	OPKO PHARMACEUTICALS, LLC 4400 BISCAYNE BLVD. MIAMI, FL 33137
2.390	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	THIRD AMENDED AND RESTATED OPTISOURCE, LLC OPERATING AGREEMENT DTD 10/19/2016	OPTISOURCE, LLC 7500 FLYING CLOUD DRIVE, SUITE 750 EDEN PRAIRIE, MN 55344
2.391	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	THIRD AMENDED AND RESTATED OPTISOURCE, LLC OPERATING AGREEMENT DTD 10/19/2016	OPTISOURCE, LLC C/O LEXIS/NEXIS DOCUMENT SOLUTIONS, INC. 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
2.392	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	ORACLE AMERICA, INC. P. O. BOX 203448 DALLAS, TX 75320
2.393	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ORGANYC PHARMACY (DG) ATTN: ERICK GAVRLYELOV 133-40 79TH ST HOWARD BEACH PHARMACY LLC HOWARD BEACH, NY 11414
2.394	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	ORKIN 205 SUMMIT POINT DR STE 3B HENRIETTA, NY 14467

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.395	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	OTT & MCHENRY PHARMACY ATTN: ELIZABETH ESCHRICH 102 MAIN STREET BRADFORD, PA 16701
2.396	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	OUTDOOR LIVING LLC P O BOX 495 CARLSTADT, NJ 07072
2.397	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	PAESSLER AG THURN-UND-TAXIS-STR. 14 NUREMBERG 90411
2.398	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	PARK PHARMACY ATTN: SHELLY B. DAY 27 SHETHER STREET PARK PHARM OF HAMMONDSPORT LLC HAMMONDSPORT, NY 14840
2.399	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	PARK RIDGE APOTHECARY INC ATTN: MARYLYNN DANDREA 1561 LONG POND RD SUITE 104 ROCHESTER, NY 14626
2.400	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	PARKARE PHARMACY INC. ATTN: MAHUA RAHMAN 2158 STARLING AVE. BRONX, NY 10462

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.401	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PARKWOOD STREET ROAD PHARMACY ATTN: JONATHAN BROOKLAND 3532 STREET ROAD STREET ROAD PHARMACY, INC. BENSALEM, PA 19020</p>
2.402	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PATIENT'S PHARMACY, INC. ATTN: DIANE MATHEWS 320 N MAIN ST PO BOX 170 JAMESTOWN, NY 14701</p>
2.403	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>PAYCHEX, INC EAGLES LANDING BUSINESS PARK 1565 JEFFERSON RD, BLDG 200 STE 210 ROCHESTER, NY 14623</p>
2.404	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PENDLETON STAR PHARMACY, INC ATTN: JUDY IZARD 6503 CAMPBELL BOULEVARD LOCKPORT, NY 14094</p>
2.405	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>PFIZER INC. INJECTABLES 235 EAST 42ND STREET NEW YORK, NY 10017</p>
2.406	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>PFIZER 235 EAST 42ND STREET NEW YORK, NY 10017</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.407	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHARMACIA POPULAR INC. ATTN: MOHAMMAD RASHED 17 MARCUS GARVEY BLVD BROOKLYN, NY 11206</p>
2.408	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHARMACY AT BLASDELL ATTN: MICHELE STEINER 4233 LAKE AVE NORTHWEST BFLO COM HLTH CARE CNTR, BLASDELL, NY 14219</p>
2.409	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHARMACY AT MATTINA ATTN: MICHELE STEINER 300 NIAGARA ST. NORTHWEST BFLO COMHLTH CARE CN BUFFALO, NY 14201</p>
2.410	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHARMACY AT THE WAVE INC (DG) ATTN: DANIEL BEYLILC 104 WEST END AVENUE BROOKLYN, NY 11235</p>
2.411	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHARMACY EXPRESS ATTN: MOHAMMAD IQBAL 1081 RUTLAND RD BROOKLYN, NY 11212</p>
2.412	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHELPS HOMETOWN PHARMACY LLC ATTN: JOHN TOMPKINS 110 MAIN STREET PHELPS, NY 14532</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.413	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHILLY DRUGSTORE ATTN: CHAD LEVINE 2729 NORTH FIFTH STREET PHILADELPHIA, PA 19133</p>
2.414	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PHILLY PHARMACY ATTN: TAM ONIATE 1900F GRANT AVE J.A. COBEX, LLC PHILADELPHIA, PA 19115</p>
2.415	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PIERCE DRUGS ATTN: PAUL M. SAXON 435 PIERCE STREET KINGSTON, PA 18704</p>
2.416	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>PIERRE FABRE PHARMA INC 8 CAMPUS DRIVE 2ND FLOOR PARSIPPANY, NJ 07054</p>
2.417	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 5/1/2017	<p>PILL MILL, INC. C/O FRED MILLER 778 MAIN ST. MARGARETVILLE, NY 12455</p>
2.418	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PINE GROVE PHARMACY ATTN: DARRIN SILBAUGH 10 E POTTSVILLE ST GDD PHARMACY SERVICES, INC PINE GROVE, PA 17963</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.419	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PINE HILL HOMETOWN PHCY, INC. ATTN: CRAIG ROWLAND 2949 STATE ROUTE 370 CATO, NY 13033</p>
2.420	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PLANET PHARMACY ATTN: BEATRICE AKUOKO 2336-A GRAND CONCOURSE UNICORN PHARMACY INC BRONX, NY 10458</p>
2.421	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PLEASANT HILLS APOTHECARY INC. ATTN: KEVIN EVANCIC 25 GILL HALL ROAD CLAIRTON, PA 15025</p>
2.422	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>POINT BREEZE PHARMACY ATTN: ELENI BEYENE 1407-11 POINT BREEZE AVE -STE. B ELU, INC PHILADELPHIA, PA 19146</p>
2.423	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PRESTIGE CARE PHARMACY INC ATTN: DMITRIY SHAPIRO 1190 GRAVESEND NECK RD. BROOKLYN, NY 11229</p>
2.424	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PRIMECARE PHARMACY SERVICES ATTN: MIKE RUANE 310 ADAMS AVE., 2ND FLOOR PRIME CARE PHARMACY SERVICES INC SCRANTON, PA 18503</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.425	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PRO+LIFE APOTHECARY CORP. ATTN: DAVID RESTREPO 1235 1ST AVENUE VITAHEALTH APOTHECARY NEW YORK, NY 10021</p>
2.426	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PROFESSIONAL PHCY SOLUTIONS ATTN: RONALD J PATRICK 3124 WILMINGTON RD /STE 204 MEDICAL ARTS CENTER PHCY NEW CASTLE, PA 16105</p>
2.427	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>PROFOUND LOGIC SOFTWARE PO BOX 715529 COLUMBUS, OH 43271-5529</p>
2.428	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PUBLIC DRUG ATTN: PASANJIT SINGH JITTA 6925 LUDLOW STREET 6925 RX, INC UPPER DARBY, PA 19082</p>
2.429	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PUBLIC DRUGS ON MAIN ATTN: PADMESH CHHITA 913 MAIN STREET PLAN RX, LLC DARBY, PA 19023</p>
2.430	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>PURDUE FREDERICK COMPANY ONE STAMFORD FORUM 201 TRESSER BOULEVARD STAMFORD, CT 06901-3431</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.431	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>PUTNAM VALLEY PHARMACY INC. ATTN: DANIEL BECKER 11 PEEKSKILL HOLLOW RD P O BOX 416 PUTNAM VALLEY, NY 10579</p>
2.432	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>QUALITY RX PHARMACY ATTN: YEUGENY ELYASH 1611 UNIVERSITY AVENUE DRUG MART SOLUTIONS LLC BRONX, NY 10453</p>
2.433	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>QUINCY COMPRESSOR (SCALES AIR) 185 LACKAWANNA AVE WOODLAND PARK, NJ 07424</p>
2.434	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>QUINLAN'S PHARMACY, INC. ATTN: JOHN QUINLAN 107 NORTH MAIN STREET WAYLAND, NY 14572</p>
2.435	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>R. W. LINDSAY, INC 581 ROCK BEACH RD. ROCHESTER, NY 14651-7133</p>
2.436	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>RADIUS HEALTH INC 950 WINTER ST WALTHAM, MA 02451</p>



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.437	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RAEES PHARMACY ATTN: ANISUL HASAN 750 FLATBUSH AVE AHMALL DRUG CORP BROOKLYN, NY 11226</p>
2.438	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RED CROSS PHARMACY ATTN: SCOTT MISKOVSKY 420 MAIN STREET PO BOX A FOREST CITY, PA 18421</p>
2.439	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>REGIONAL DISCOUNT PHARMACY ATTN: PRASAD DONONPI 910 S DUKE ST., STE 104 DUKE INC LANCASTER, PA 17602</p>
2.440	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>REUNION RX LLC ATTN: DEAN GRAZIANO 21 WEST LINCOLN AVE ATLANTIC HIGHLANDS, NJ 7716</p>
2.441	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RIVER PHARMACY ATTN: GERARD DIMASI 1201 RIVER AVE., UNIT 3 LAKEHURST RX CENTER LLC LAKEWOOD, NJ 8701</p>
2.442	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ROBINS PHARMACY ATTN: MAHENDAR OCHAN 204-14 HILLSIDE AVE. SIMBA HILL PHARMACY CORP HOLLIS, NY 11423</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.443	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ROOSEVELT PHARMACY INC ATTN: TAO CHEN 133-55 ROOSEVELT AVE FLUSHING, NY 11354</p>
2.444	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ROSENKRANS PHARMACY INC. ATTN: STEVEN L. GIROUX 526 MAIN ST MEDINA, NY 14103</p>
2.445	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ROYAL CARE DRUGS INC ATTN: HAIXIN LIN 136-71 41ST AVE ROYAL CARE DRUGS INC FLUSHING, NY 11355</p>
2.446	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	FLOOD INSURANCE COVERAGE	<p>RSUI INDEMNITY COMPANY 945 EAST PACES FERRY ROAD SUITE 1800 ATLANTA, GA 30326</p>
2.447	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RUSSO'S PHARMACY ATTN: DANIEL RUSSO 1909 CORNAGA AVE RUSSO'S PHARMACY INC FAR ROCKAWAY, NY 11691</p>
2.448	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RUTLAND PHARMACY ATTN: NARASIMHARAO NADERDLA 964 RUTLAND ROAD RUTLAND PHARMACY LLC BROOKLYN, NY 11212</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.449	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RX INSTITUTIONAL SERVICES, LLC ATTN: ROBERT EKIERT 1419 BOARDMAN CANFIELD RD SUITE 340 BOARDMAN, OH 44512-8062</p>
2.450	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>RX SOLUTIONS PHARMACY ATTN: SAMUEL OBENG 2A EAST 167TH STREET RX SOLUTIONS PHARMACY INC BRONX, NY 10452</p>
2.451	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SALAAM PHARMACY INC. ATTN: PAMELA GURDON 155 CRYSTAL STREET BROOKLYN, NY 11208</p>
2.452	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SALEM PHARMACY ATTN: RAJETH BOUPELLI 228 E. BROADWAY SRI SAI GANESH, INC SALEM, NJ 8079</p>
2.453	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>SALIENT CORPORATION 203 COLONIAL DRIVE HORSEHEADS, NY 14845</p>
2.454	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SARATOGA RX LLC ATTN: ROSHAN TASGAONKAR 192 LYELL AVENUE D/B/A SARATOGA PHARMACY ROCHESTER, NY 14608</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.455	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SAV-ON DRUGS ATTN: TULIKA HIJLI 16 E FRONT ST FRIENDS HEALTHCARE, LLC KEYPORT, NJ 7735</p>
2.456	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>SCHAEFER SYSTEMS INTERNATIONAL PO BOX 7009 CHARLOTTE, NC 28241-7009</p>
2.457	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>SCHAEFER SYSTEMS INTERNATIONAL PO BOX 7009 CHARLOTTE, NC 28241-7009</p>
2.458	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 10/2/2017	<p>SCHELL'S PHARMACY, INC. C/O JOHN RAKSTIS 243 STEERS ROAD AMSTERDAM, NY 12010</p>
2.459	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	STOCK REDEMPTION AGREEMENT DTD 10/2/2017	<p>SCHELL'S PHARMACY, INC. C/O THE SALMON LAW FIRM 179 WALLINS CORNERS ROAD AMSTERDAM, NY 12010</p>
2.460	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	MERCK PRODUCT DISTRIBUTION PROGRAM DTD 4/1/2010	<p>SCHERING CORPORATION MERCK ORDER MANAGEMENT CENTER P.O. BOX 4, ZB-750 WEST POINT, PA 19486</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.461	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	SCILEX PHARMACEUTICALS 4955 DIRECTORS PLACE SAN DIEGO, CA 92121
2.462	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SEDGLEY PLAZA PHARMACY ATTN: RONNIE BAKSH 2917 RIDGE AVE. PHILADELPHIA, PA 19121
2.463	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SEE-RIGHT PHARMACY ATTN: DARRIN SILBAUGH 2647 N 6TH STREET GDD PHARMACY SERVICES, INC. HARRISBURG, PA 17110
2.464	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	SENTYNL 420 STEVENS AVE #200 SOLANA BEACH, CA 92075
2.465	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SERVICE PHARMACY ATTN: PETE KWASNIK 12 SOUTH MAIN ST BIGELOW'S PHARMACY, INC. NEW BERLIN, NY 13411
2.466	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SERVICE PHARMACY ATTN: PETE KWASNIK 38 S. BROAD ST. BIGELOW'S PHARMACY INC. NORWICH, NY 13815

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.467	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SERVICE PHARMACY ATTN: PETE KWASNIK 6 N. MAIN ST BIGELOW'S PHARMACY INC SHERBURNE, NY 13460
2.468	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SHANKEL'S PHARMACY ATTN: THOMAS E BOWSER 241 W LONG AVE BOWSER CORPORATION DUBOIS, PA 15801
2.469	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SHEELEY'S DRUG STORE INC ATTN: LORI HART 539 LINDEN ST SCRANTON, PA 18503
2.470	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SHERMAN PHARMACY ATTN: CHRISTAN NYWEIDE 105 W MAIN ST SHERMAN AREA PHARMACY, INC. SHERMAN, NY 14781
2.471	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SHIPPEE'S PHARMACY INC. ATTN: PETER HERINA 636 RINGWOOD AVENUE WANAQUE, NJ 7465
2.472	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SHOP AND CARRY PHARMACY ATTN: JOHN RAJH 1301 LINDLEY AVE APPRAISED LLC PHILADELPHIA, PA 19141

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.473	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SIDNEY HILLMAN HLTH OF ROCHEST ATTN: TOM EDWARDS 750 EAST AVE THE SIDNEY HILLMAN HEALTH CENTER ROCHESTER, NY 14607
2.474	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SIMCARE PHARMACY ATTN: CODY S. WARE 8 CENTRAL AVENUE SIMCARE PHARMACY & SURGICAL LTD. MAYS LANDING, NJ 8330
2.475	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SINCLAIR PHARMACY ATTN: JOHN RUTOWSKI 75 NORTH MAIN ST J RUTOWSKI & SONS, INC WARSAW, NY 14569
2.476	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SKY PHARMACY (DG) ATTN: SABINA UNGER 1100 CONEY ISLAND AVE JOU PHARMACY, INC. BROOKLYN, NY 11230
2.477	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SLATE HILL NEIGHBORX PHARMACY ATTN: ALFONSO J. SQUITIERI 2904 ROUTE 6 SUITES 8-9 SLATE HILL CHEMISTS INC. SLATE HILL, NY 10973
2.478	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	SLAVIN'S-HANCOCK PHARMACY ATTN: LAKS PUDIPEDDI 922 WASHINGTON BLVD. SLAVIN'S-HANCOCK PHARMACY INC. STAMFORD, CT 6901

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.479	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SMARTMED PRESCRIPTION CTR ATTN: KRISHNA KONERU 233 E HIGH ST KPR PHARMACEUTICALS, INC. CARLISLE, PA 17013</p>
2.480	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SMARTSHOP PHARMACY, INC. ATTN: DMITRIY GELFAND 32-17A BEACH CHANNEL DR FAR ROCKAWAY, NY 11691</p>
2.481	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>SMITH &amp; NEPHEW, INC. 150 MINUTEMAN ROAD ANDOVER, MA 01810</p>
2.482	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SNYDER PHARMACY INC ATTN: MARTIN QUINN 4536 MAIN ST SNYDER, NY 14226</p>
2.483	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOL'S 4 PHARMACY INC. ATTN: ANDREW SILVERMAN 107-18 37TH DRIVE DBA SOL'S PHARMACY CORONA, NY 11368</p>
2.484	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOL'S PHARMACY II 2629 ATTN: ANDREW SILVERMAN 1515 SOUTHERN BLVD STAND PHARMACY BRONX, NY 10460</p>



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.485	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOLVENCY HEALTH PHARMACY ATTN: IGDALIAH JACKSON 725 LONG LANE SOLVENCY HEALTH LLC UPPER DARBY, PA 19082</p>
2.486	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>SOS SECURITY LLC PO BOX 6373 PARSIPPANY, NJ 07054</p>
2.487	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOUTH PHILLY PHARMACY ATTN: ELENI BEYENE 2101 S 19TH STREET LALIBELA, LTD. PHILADELPHIA, PA 19145</p>
2.488	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOUTHGATE MEDICAL PHARMACY ATTN: VICTOR LUCCI 1026 UNION ROAD SOUTHGATE PLAZA WEST SENECA, NY 14224</p>
2.489	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SOUTHSIDE PHARMACY, INC. ATTN: SALEM SARVIAYA 766 FOOTE AVENUE PO BOX 2031 JAMESTOWN, NY 14701</p>
2.490	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SPECIALTY CARE PHARMACY, INC. ATTN: TONY SEMENTILLI 4463 THIRD AVENUE DBA SPECIALTY CARE PHARMACY BRONX, NY 10457</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.491	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SPECIALTY RX INC (DG) ATTN: MOTTI LICHTENSTEIN 2 BERGEN TURNPIKE SPECIALTY RX INC. RIDGEFIELD PARK, NJ 7660</p>
2.492	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SPECIALTY RX NY, INC. ATTN: CHAION DREZDAER 153 W. COMMERCIAL STREET EAST ROCHESTER, NY 14445</p>
2.493	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ST. GABRIEL PHARMACY CORP. ATTN: GIFTUS CHARLES 18 WEST BURNSIDE AVENUE BRONX, NY 10453</p>
2.494	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>ST. THERESA PHARMACY ATTN: LUIS ALMONTE 3849 10TH AVENUE ST. THERESA PHARMACY CORP. NEW YORK, NY 10034</p>
2.495	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>STAPLES BUSINESS ADVANTAGE DEPT ROC P.O. BOX 30851 HARTFORD, CT 06150</p>
2.496	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>STEPHENS PHARMACY ATTN: TOD STEPHENS 1101 MAIN STREET HONESDALE, PA 18431</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.497	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUFFERN PHARMACY ATTN: MOHAMMED HOSAIN 24 LAFAYETTE AVENUE BDESH INC. SUFFERN, NY 10901</p>
2.498	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUMMIT PARK PHARMACY ATTN: STEVEN L. GIROUX 2578 NIAGARA FALLS BLVD SUITE 100 WHEATFIELD, NY 14304</p>
2.499	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUNNY PHARMACY ATTN: CHIRAG PATEL 918 E BALTIMORE AVE LANSDOWNE, PA 19050</p>
2.500	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUNRAY DRUGS KENSINGTON &amp; ALGY ATTN: JIM LUU 825 E ALLEGHENY AVE NEFF DRUGS 31,LLC PHILADELPHIA, PA 19134</p>
2.501	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUNSHINE PHARMACY (DG) ATTN: GALINA LUTSKER 1622 VOORHIES AVE, FL1 1622 VOORHIES AVE PHCY INC BROOKLYN, NY 11235</p>
2.502	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>SUPER CARE PHARMACY INC ATTN: YU ZHENG WANG 41-70 MAIN STREET SUPER CARE PHARMACY INC FLUSHING, NY 11355</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.503	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>SYSTEMS MANAGEMENT/PLANNING 1020 JOHN STREET WEST HENRIETTA, NY 14586</p>
2.504	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>TAKEDA PHARMA AMERICA ONE TAKEDA PARKWAY DEERFIELD, IL 60015</p>
2.505	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	UMBRELLA	<p>THE HARTFORD 277 PARK AVENUE NEW YORK, NY 10172</p>
2.506	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHARM GREENSBURG ATTN: ROBERT EKIERT 730 E. PITTSBURGH STREET TADZIU, INC GREENSBURG, PA 15601</p>
2.507	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHARMACY BEAVER ATTN: ROBERT EKIERT 4969 TUSCARAWAS RD HELALOZY, INC BEAVER, PA 15009</p>
2.508	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHARMACY MONACA ATTN: ROBERT EKIERT 3589 BRODHEAD RD KETY, INC MONACA, PA 15061</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.509	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHARMACY ATTN: ROBERT EKIERT 2016 W. STATE STREET ELEMEL, INC NEW CASTLE, PA 16101</p>
2.510	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY BROOKFIELD ATTN: ROBERT EKIERT 7160 WARREN-SHARON ROAD MATSTE, INC BROOKFIELD, OH 44403</p>
2.511	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY COLUMBIANA ATTN: ROBERT EKIERT 1108 VILLAGE PLAZA HEALME INC COLUMBIANA, OH 44408</p>
2.512	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY GROVE CITY ATTN: ROBERT EKIERT 49 PINE GROVE PLAZA ALOTAD, INC. GROVE CITY, PA 16127</p>
2.513	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY HARMONY ATTN: ROBERT EKIERT 3 NORTHGATE PLAZA UNIT 2 RTE 19 N. HARMONY, PA 16037</p>
2.514	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY NEW CASTLE ATTN: ROBERT EKIERT 20 E. LAWRENCE STREET STEMAT, INC. NEW CASTLE, PA 16101</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.515	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY POLAND ATTN: ROBERT EKIERT 1135 W WESTERN RESERVE RD. WANDAROO, INC. POLAND, OH 44514</p>
2.516	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY STRUTHERS ATTN: ROBERT EKIERT 655 CREED ST. TADEK, INC STRUTHERS, OH 44471</p>
2.517	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE HOMETOWN PHCY YOUNGS ATTN: ROBERT EKIERT 3623 S MERIDIAN RD TADEK, INC. YOUNGSTOWN, OH 44511</p>
2.518	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE MEDICINE MINE INC. ATTN: DAVID ANGELINI 555 ROUTE 88 CARMICHAELS, PA 15320</p>
2.519	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE MEDICINE SHOPPE WASHINGTON ATTN: CHRISTOPHER VERMILYA 400 JEFFERSON AVE VERMILYA PHARMACIES, INC MED BLDING WASHINGTON, PA 15301</p>
2.520	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE MODERN CHEMIST LLC ATTN: PARTHIV VORA 189 7TH AVENUE KIDS RX BBRX 3 BROOKLYN, NY 11215</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.521	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE NEW PHARMACY, LLC ATTN: ADEBAYO ADENIRAN 4835 WOODLAND AVE THE NEW PHARMACY PHILADELPHIA, PA 19143</p>
2.522	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE OWEGO PHARMACY, INC. ATTN: JOHN P GATTO 1135 STATE RT. 17C OWEGO, NY 13827</p>
2.523	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE PHARMACY @ EVERGREEN ATTN: TRACY EICHELBERGER 206 S. ELMWOOD AVE. EHS, INC. BUFFALO, NY 14201</p>
2.524	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>THE PRESCRIPTION CENTER, INC. ATTN: MICHAEL RUANE 310 ADAMS AVE. SCRANTON, PA 18503</p>
2.525	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TILE PHARMACY ATTN: JOHN RUTOWSKI 1031 CLEVELAND DR J RUTOWSKI INC CHEEKTOWAGA, NY 14225</p>
2.526	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TITAN PHARMACY ATTN: PETER LEVIS 35-19 31ST AVE LEVRON, INC LONG ISLAND CITY, NY 11106</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.527	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TMC 191, LLC ATTN: PARTHIV VORA 191 4TH AVE DBA: THE MODERN CHEMIST PHARMACY BROOKLYN, NY 11217</p>
2.528	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TODT HILL PHARMACY (DG) ATTN: MAX LAKHTER 2110-G RICHMOND ROAD PHARMACY ON WHEELS STATEN ISLAND, NY 10306</p>
2.529	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>TOP NOTCH JANITORIAL SERVICES 38 WILLHURST DRIVE ROCHESTER, NY 14606</p>
2.530	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TOTAL CARE PHARMACY INC. ATTN: TONY SEMENTILLI 4531 THIRD AVENUE BRONX, NY 10458</p>
2.531	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TOTAL CARE PHARMACYBX (CROSBY) ATTN: TONY SEMENTILLI 1721 CROSBY AVE TOTAL CARE PHARMACY BX INC. BRONX, NY 10461</p>
2.532	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TOWNE DRUGS INC ATTN: KENDALL J. MELEWSKY 17 - 19 S CENTRE ST POTTSVILLE, PA 17901</p>



List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.533	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>TOYOTALIFT NORTHEAST 820 PHILLIPS RD PO BOX 10 VICTOR, NY 14564</p>
2.534	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>TRACELINK INC 200 QUANNAPOWITT PARKWAY WAKEFIELD, MA 1880</p>
2.535	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRANSIT HILL PHARMACY ATTN: STEVEN L. GIROUX 6344 TRANSIT RD MODEN-GIROUX, INC DEPEW, NY 14043</p>
2.536	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	CRIME	<p>TRAVELERS 485 LEXINGTON AVE. NEW YORK, NY 10017</p>
2.537	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRENTON AVENUE PHARMACY ATTN: CHINTAN SHAH 3803 VENTNOR AVENUE HEALTHMART 1 INC. ATLANTIC CITY, NJ 8401</p>
2.538	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRI CARE PHARMACY (DG) ATTN: GENE KUPERSCHMITDT 1811 KINGS HIGHWAY MIG-RX CORP. BROOKLYN, NY 11229</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.539	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRILLIUM HEALTH (SCIENCE PKWY) ATTN: MARK MALAHOSKY 170 SCIENCE PKWY TRILLIUM HEALTH, INC. ROCHESTER, NY 14620</p>
2.540	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRILLIUM HEALTH INC. ATTN: MARK MALAHOSKY 259 MONROE AVE. THE PHARMACY AT TRILLIUM HEALTH ROCHESTER, NY 14607</p>
2.541	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRILLIUM HEALTH PHARMACY ATTN: MARK MALAHOSKY 259 MONROE AVE (1ST FLOOR) TRILLIUM HEALTH, INC. ROCHESTER, NY 14607</p>
2.542	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>TRIS PHARMA 2031 US-130 MONMOUTH JUNCTION, NJ 08872</p>
2.543	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>TRUE CARE PHARMACY ATTN: OMAR ABOUELNAS 556 ATLANTIC AVE PYRAMIDS HEALTH LLC BROOKLYN, NY 11217</p>
2.544	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>TRUGREEN LAWN CARE 40 RIDGELAND ROAD PO BOX 22863 ROCHESTER, NY 14692-2863</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.545	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	TU QUYNH PHARMACY INC. ATTN: TUNG T. TONG 230 GRAND ST. NEW YORK, NY 10013
2.546	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	TUMINARO PHARMACY OTC ATTN: JEFFREY PAPO 800 RTE 82 SUITE A BUILDING 5 JND PHARMACY INC. HOPEWELL JUNCTION, NY 12533
2.547	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	TUMINARO PHARMACY ATTN: JEFFREY PAPO 800 ROUTE 82 SUITE A BUILDING 5 JND PHARMACY INC. HOPEWELL JUNCTION, NY 12533
2.548	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	TWIN PHARMACY 2 ATTN: CRISTOBAL OLIVIO 4073 -4075 BROADWAY TWIN PHARMACY 2 CORP. NEW YORK, NY 10032
2.549	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	TWINS PHARMACY ATTN: YRIS J. REYES 1538 ST. NICHOLAS AVE. TWIN PHARMACY CORP. NEW YORK, NY 10033
2.550	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	TXX TRANSPORTATION SERVICES 425 OSER AVENUE HAUPPAUGE, NY 11788

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.551	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>UNION CITY PHARMACY ATTN: TOM REICHERT 16395 RT 8 BONTRAL, INC UNION CITY, PA 16438</p>
2.552	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>UNION MEDICAL PHARMACY ATTN: GREG NOTARO 1769 ORCHARD PARK ROAD BUFFALO CLINICAL SERVICES INC WEST SENECA, NY 14224</p>
2.553	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>UNIVERSITY AVENUE PHARMACY ATTN: DHANESH SHAH 2465 UNIVERSITY AVE GAYATRI PHARMACY, INC. BRONX, NY 10468</p>
2.554	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>UPSTATE PHARMACY, LTD ATTN: TED KUZNIAREK 1900 N AMERICA DR SUITE 100 WEST SENECA, NY 14224</p>
2.555	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>UPTOWN CARE PHARMACY ATTN: MIRIAM ILYAICH 2254 2ND AVE UPTOWN CARE PHARMACY NEW YORK, NY 10029</p>
2.556	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>US PHARMACY &amp; SURGICAL INC ATTN: MOHAMMAD RAHMAN 1259 FULTON STREET BROOKLYN, NY 11216</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.557	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VACCARE'S PHARMACY, INC ATTN: ESTHER RAHL 110 N. MAIN STREET GREENSBURG, PA 15601
2.558	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	VALLEY PEST SERVICES LLC 29 LAKE TRAIL EAST WAYNE, NJ 07470
2.559	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VALLEY PHARM & MED'L SPLS INC ATTN: TAMMY RUZYCKI 31 WEST MAIN STREET GOWANDA, NY 14070
2.560	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VALLEY PHARMACY SPRING VALLEY ATTN: MOHAMMED D. HOSCH-BHRUIGH 45 KENNEDY DRIVE AMARDESH INC. SPRING VALLEY, NY 10977
2.561	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VALRX PHARMACY INC. (D.G.) ATTN: VALERY FELDMAN 3007 FARRAGUT ROAD 1A BROOKLYN, NY 11210
2.562	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	VAN ERNST REFRIGERATION, INC. A-1 COUNTRY CLUB ROAD EAST ROCHESTER, NY 14445

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.563	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	FLOOD INSURANCE COVERAGE	<p>VELOCITY RISK UNDERWRTERS 20 BURTON HILLS BLVD SUITE 350 NASHVILLE, TN 37215</p>
2.564	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	<p>VENOSAN NORTH AMERICA, INC. 300 INDUSTRIAL PARK AVE. ASHEBORO, NC 27205</p>
2.565	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>VERIZON WIRELESS ATTN: JAY BARNES, BA MANAGER 1275 JOHN STREET, SUITE 100 WEST HENRIETTA, NY 14586</p>
2.566	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>VERIZON WIRELESS P. O. BOX 408 NEWARK, NJ 07101-0408</p>
2.567	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	<p>VERIZON PO BOX 4833 TRENTON, NJ 08650-4833</p>
2.568	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>VERREE PHARMACY ATTN: MITCHELL SPIVACK 7960 VERREE RD SPIVACK, INC. PHILADELPHIA, PA 19111</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.569	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	VERTICAL PHARMACEUTICALS 2500 MAIN STREET, SUITE 6 SAYREVILLE, NJ 08872
2.570	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VILLAGE DRUG ATTN: TRACEY KNAPP 126 MAIN STREET WATER STREET PHARMACY, INC. PENN YAN, NY 14527
2.571	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VILLAGE PHARMACY ATTN: NICK CHERVINSKY 537 SOUTH MAIN STREET N. & N. VILLAGE PHARMACY, INC. CENTRAL SQUARE, NY 13036
2.572	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	VILLAGE PHARMACY ATTN: RANDOLPH WEAVER 7181 STATE ROUTE 54 BATH, NY 14810
2.573	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	IT SERVICES AGREEMENT	VISION SOLUTIONS 15300 BARRANCA PARKWAY IRVINE, CA 92618
2.574	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	VIVUS, INC. 745 AIRPORT RD LAKEWOOD TOWNSHIP, NJ 08701

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.575	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WANAKAH PHARMACY INC. ATTN: JOHN RUTOWSKI 4923 S LAKESHORE ROAD J. RUTKOWSKI OF WANAKAH, INC. HAMBURG, NY 14075</p>
2.576	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WARREN'S JEFFERSON AVE PHA ATTN: MOHAMMED CHIPPA 595 JEFFERSON AVE CHHIPA ENTERPRISES INC ROCHESTER, NY 14611</p>
2.577	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WASHINGTONVILLE PHARMACY INC ATTN: MARK FREITAS 6 DEPOT ST SUITE 105 WASHINGTONVILLE, NY 10992</p>
2.578	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>WASTE MANAGEMENT ROCHESTER NY P.O. BOX 830003 BALTIMORE, MD 21283-0003</p>
2.579	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WATER STREET PHARMACY INC ATTN: TRACEY KNAPP 14 WATER STREET DUNDEE, NY 14837</p>
2.580	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WAVERLY PHARMACY ATTN: DON SASSMAN 443 CAYUTA AVENUE CRYSTAL CITY APOTHECARY LLC WAVERLY, NY 14892</p>



(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.581	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WAYNE-CLIFTON PHARMACY, INC ATTN: GARY CARNEVALE 4 COULTER ROAD CLIFTON SPRINGS, NY 14432</p>
2.582	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>WEBER PACKAGING SOLUTIONS, INC 71 WEST ALGONQUIN ROAD ARLINGTON HEIGHTS, IL 60005-4457</p>
2.583	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WELCARE PHARMACY (DG) ATTN: IGOR FELDMAN 54 GRAHAM AVE WELCARE DRUG STORE INC. BROOKLYN, NY 11206</p>
2.584	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WELLAID PHARMACY ATTN: BHAWNA ZUTSHI 21 S COBBS CREEK PKWY WELLAID, INC. PHILADELPHIA, PA 19139</p>
2.585	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WELLCARE PHARMACY 2 ATTN: MARK LIU 1550 PRATT STREET FLOOR 1 PHILADELPHIA, PA 19124</p>
2.586	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WELLCARE PHARMACY 3 ATTN: ZENGXING LI 3621 N BROAD ST WELLCARE PHARMACY 3 LLC PHILADELPHIA, PA 19140</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.587	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WELLCARE PHARMACY ATTN: ZENGXING LI 2220 COTTMAN AVE FL 1 PHILADELPHIA, PA 19149</p>
2.588	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WESTFIELD COMMUNITY PHARMACY ATTN: GREG NELSON 55-57 EAST MAIN ST PROFESSIONAL COMM PHARMACIES, INC WESTFIELD, NY 14787</p>
2.589	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WESTMONT DRUG STORE ATTN: MIKE GNAGEY 1741 GOUCHER STREET JOHNSTOWN, PA 15905</p>
2.590	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WHITE OAKS PHARMACY ATTN: DANIEL PALOMMELLA 800 STATE ROAD CROYDON, PA 19021</p>
2.591	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WHITEMARSH PHARMACY ATTN: SHERRY LEON 553 GERMANTOWN PIKE CHESTNUT HILL DISC. PHCY RAO GRP LAFAYETTE HILL, PA 19444</p>
2.592	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	AMENDED, REAFFIRMED AND RESTATED SECURITY AGREEMENT DTD 5/19/2015	<p>WHITE'S HEALTH CARE ENTERPRISES, INC. D/B/A WHITE'S PHARMACY 60A SOUTH STREET MORRISTOWN, NJ 07960</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.593	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PLEDGE AND SECURITY AGREEMENT DTD 5/19/2015</p>	<p>WHITE'S HEALTH CARE ENTERPRISES, INC. D/B/A WHITE'S PHARMACY 60A SOUTH STREET MORRISTOWN, NJ 07960</p>
2.594	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>WHYSONG'S PHARMACY ATTN: DAVID N. WHYSONG 4186 CORTLAND DRIVE WEISSANG, INC. NEW PARIS, PA 15554</p>
2.595	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>WICKAPECKO PHARMACY ATTN: MARK J PYATAK 1409 WICKAPECKO DRIVE 2 M HOLDINGS LP OCEAN, NJ 7712</p>
2.596	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>IT SERVICES AGREEMENT</p>	<p>WINDSTREAM P.O. BOX 3177 CEDAR RAPIDS, IA 52406</p>
2.597	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RDC ALLIANCE CUSTOMER AGREEMENT</p>	<p>WOLCOTT PHARMACY ATTN: DARREN PYNN 12018 E. MAIN ST WAYNE LTC PHARMACY INC. WOLCOTT, NY 14590</p>
2.598	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>IT SERVICES AGREEMENT</p>	<p>WOLTERS KLUWER HEALTH, INC. 8425 WOODFIELD CROSSING BLVD SUITE 490 INDIANAPOLIS, IN 46240</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.599	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SERVICES AGREEMENT	<p>WORLDWIDE EXPRESS 19015 PERRY HIGHWAY MARS, PA 16046</p>
2.600	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>WURLITZER FAMILY PHARMACY ATTN: STEVEN L. GIROUX 521 DIVISION ST WURLITZER FAMILY PHARM, INC NORTH TONAWANDA, NY 14120</p>
2.601	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>YORK WELLNESS PHARMACY LLC ATTN: JAY VENNAM 605 S GEORGE STREET SUITE 130 YORK, PA 17401</p>
2.602	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>YORKTOWN PHARMACY ATTN: RAJENDER VENKAI 1905 COMMERCE ST ARSHA PHARMACY CORP. YORKTOWN HEIGHTS, NY 10598</p>
2.603	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>YORKVILLE DRUG STORE ATTN: BONNIE LEE BOBBS 1824 WEST MARKET STREET POTTSVILLE, PA 17901</p>
2.604	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	<p>YOUNG'S PHARM &amp; GEN STORE LLC ATTN: MILLER YOUNG 1636 BURDEN LAKE RD AVERILL PARK, NY 12018</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.605	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	RDC ALLIANCE CUSTOMER AGREEMENT	ZOYA PHARMACY INC ATTN: MAHENDAR OCHAN 1527 PITKIN AVENUE BROOKLYN, NY 11212
2.606	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	INVENTORY MANAGEMENT AGREEMENT/DISTRIBUTION SERVICE AGREEMENT	ZYLA CORPORATION 600 LEE ROAD SUITE 100 WAYNE, PA 19087

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****4/19**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor****Column 2: Creditor****Name****Mailing Address****Name***Check all schedules that apply*

2.1 SOURCE ONE SERVICES, INC. 50 JETVIEW DRIVE  
ROCHESTER, NY 14624

M&amp;T BANK

☒ D  
☐ E/F  
☐ G

**Fill in this information to identify the case:**

Debtor Rochester Drug Co-Operative, Inc.

United States Bankruptcy Court for the: Western District of New York

Case number 20-20230  
(if known)

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

04/19

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/27/2020  
MM / DD / YYYY

**X** /s/ John T. Kinney  
Signature of individual signing on behalf of debtor

John T. Kinney  
Printed name

CEO and CFO  
Position or relationship to debtor